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THE

NEW JERSEY

MEDICAL REPORTER,

AND

TRANSACTIONS

OF THE

NEW JERSEY MEDICAL SOCIETY,

EDITED BY

JOSEPH PARRISH, M. D.

VOL. I.

BURLINGTON:

PUBLISHED BY S. C. ATKINSON.

1848.

To the

OFFICERS AND FELLOWS

of the

MEDICAL SOCIETY OF NEW JERSEY,

for their

Unwearied efforts to advance the interests and improvement of Medical Science, and to secure harmony and unity in the Medical profession,

this work

is

respectfully inscribed,

by the

THE EDITOR.

Burlington, 1848.

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2 vols

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OF THE

NEW JERSEY MEDICAL REPORTER.

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The NEW JERSEY MEDICAL REPORTER purports to be a medium for the publication of the transactions of the New Jersey Medical Society, while it will be devoted to the interests of Medical Science generally. It will be seen that the paper, type, and workmanship are of good quality, and we trust it may prove satisfactory to its patrons. Some space will be allotted in future numbers to advertisements of Medical Colleges, &c., &c., if any should be sent us. The journal will be issued quarterly, at $2 per annum, payable in advance, or six copies will be sent to one address for $10. Those who wish to be placed on our subscription list will please make their remittances without delay. All communications to be sent, post paid, to the editor, or to S. C. ATKINSON, Publisher, Gazette Office, Burlington.

Philadelphia Subscribers will find it convenient to leave their subscriptions with EDWARD PARRISH, Druggist and Apothecary, north-west corner of Ninth and Chestnut streets, Philadelphia.

Burlington, 10th month, 1847.

NEW JERSEY MEDICAL SOCIETY.

A Semi-Annual Meeting of the New Jersey Medical Society will be held at Burlington, (City Hotel,) on Tuesday, the 9th of November, at 10 o'clock, A. M.

WM. PEIRSON, Recording Secretary.

NOTE.—We would remind our friends from the northern section of the State, (particularly the officers of the Society,) that they cannot reach Burlington by the Mail Pilot Line before one o'clock, P. M., by the present arrangement of the Line; and we would suggest to those who wish to be in time for the opening of the meeting to come by the Camden and Amboy route, or some other early conveyance, as those who will attend the meeting from the lower counties will arrive early in the forenoon.—ED.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. I. TENTH MONTH, (OCTOBER,) 1847. No. 1.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

Abstract of the Minutes of the eighty-first Annual Meeting.

The eighty-first Annual Meeting of the Medical Society of New Jersey, was held at New Brunswick, May 11, 1847.

The President, Dr. C. Hannah, in the Chair.

The following members appeared, viz:

Dr. C. Hannah, President; J. T. B. Skillman, 1st Vice President; Samuel H. Pennington, 2d Vice President; A. F. Taylor, 3d Vice President; A. B. Dayton, Corresponding Secretary; W. Pierson, Recording Secretary; J. S. English, Treasurer.

E. J. Marsh, and John Mager, Delegates of Passaic,
W. Nichols, J. Q. Stearns, Alex. N. Dougherty, Fred. N. Bennett, " " Essex,
J. B. Munn, L. Condict, " " Morris,
Francis Moran, Harvey Hallock, " " Sussex,
P. F. Brakely, William Cole, " " Warren,
A. F. Taylor, " " Somerset,
E. B. Freeman, J. Van Duersen, A. D. Newell, " " Middlesex,
J. T. Woodhull, C. C. Blauvelt, " " Monmouth,
Isaac S. Haines, Jos. Parrish, " " Burlington,
Jas. Risley, Chas. D. Hendry, Oth. H. Taylor, Richard M. Cooper, " " Camden,

Jno. R. Sickler, Thos. J. Saunders, Delegates of Gloucester,
Jno. Lilly, Samuel Lilly, " " Hunterdon,
Jno. Blane, H. Southard, " " Hunterdon,
C. Hannah, " " Salem,

Fellows present,—Drs. L. Condict, J. B. Munn, A. Skillman, F. S. Schenck, G. R. Chetwood, P. S. Smith, F. R. Smith, and J. W. Craig.

All medical gentleman regularly licensed, other than members, were invited to take seats.

The minutes of the two preceding meetings were read and accepted; also the following register of licentiates for the year, viz: Isaac S. Mulford, John Miller, James Lawrence Day, Wm. J. Roe, Horace Norton, George Willy, Albert S. Clarke, Cornelius Perry, Isaiah W. Condict, Dewitt Barclay, Adam J. Hoffman, Henry A. Hopper, Richard T. Stoutenburgh, John H. Phillips, Franklin Gauntt, Job Haines, Samuel Lilly, Thomas Edgar Hunt.

The President now addressed the Society upon "The different effects arising from the operation of the same or similar causes." Upon which the thanks of the Society were voted.

The Standing Committee, by Dr. Pennington, made a report upon the general health of the State; also respecting some informalities in the organization of the District Societies of Camden and Gloucester.

On motion, *Resolved*, That the said Societies be instructed to make the amendments suggested by the Standing Committee, and that they be received as duly organized.

The delegates from Hunterdon presented their certificates, which were read and accepted.

A communication from the Treasurer was received, respecting a surplus dividend in the State Bank, New Brunswick, belonging to the Society.

On motion, *Resolved*, That the Treasurer be instructed to invest the above amount in stock at par, and draw any balance in cash.

On motion of Dr. Parrish, it was

Resolved, That a committee of three be appointed, to whom the whole subject of licensing candidates be referred, with instructions to report at the next annual meeting. The following were appointed, viz. J. Parrish, J. T. B. Skillman, and L. Condict.

The following resolution was received from the District Society of Burlington, through Dr. Parrish, viz:

Resolved, That we most ardently recommend to the members of the profession generally, the great advantage of publishing a Medical Journal for the State of New Jersey, in which shall be published the transactions of the State Medical Society, and of the District Societies, including addresses and essays read at the meetings of said Societies, with such facts and recollections of the history of medical organization in this State as may be of interest to the profession; and also suitable original communications.

Whereupon, the following resolution was submitted and adopted.

That this Society cordially approve of such publication as is contemplated by the District Society of Burlington; and that this Society recommend to its members to give it their support; and that the editor be authorized to receive from the archives of the Society such papers as it may be deemed expedient to publish by the Standing Committee; provided that the same be returned.

The report of Committee on Treasurer's Accounts was accepted; and on motion

Resolved, That $10 be distributed to each District Society represented.

Resolved, That this Society appoint two delegates to the National Association; and that the several District Societies be authorized to send delegates to the same, at their option.

Drs. Saml. H. Pennington and Joseph Fithian were appointed Delegates.

The resolutions offered by Dr. Forman at a previous meeting, relative to a premium for the best essay upon the subject named, was referred to the next annual meeting.

The subjects of inquiry suggested in the Standing Committee, were referred to the next meeting.

The amendment of the by-laws, proposed at a previous meeting by Dr. Munn, was referred to the Standing Committee.

Essay on Hydrophobia was read by W. Pierson.

Specimen of Morbid Anatomy of Intestine was exhibited by Dr. A. B. Dayton.

Resolved, That the semi-annual meeting be held at the City Hotel, Burlington, on the second Tuesday in November next.

The following were elected officers, viz:

President,—J. T. B. Skillman, of New Brunswick.

1*st Vice President*,—S. H. Pennington.

2*d Vice President*,—A. F. Taylor.

3*d Vice President*,—Joseph Fithian.

Corresponding Secretary,—A. B. Dayton, (Middletown Point.)

Recording Secretary,—W. Pierson, (Orange.)

Treasurer,—J. S. English, (Manalapan.)

Standing Committee,—John Lilly, L. A. Smith, E. J. Marsh.

Reporter for Eastern District,—Alexander N. Dougherty.

" " *Middle District*,—Samuel Lilly.

" " *Western District*,—Richard M. Cooper.

Censors for Eastern District,—Drs. G. R. Chetwood, W. Pierson, S. H. Pennington, and Whitehead, Essex County; Drs. A. Woodruff, J. W. Canfield, N. W. Condict, H. P. Green, and Elmer, of Mendham, Morris Co.; Drs. F. Moran, J. R. Stuart, A. Linn, H. Hallock, Sussex Co.; Drs. W. P. Clark, P. F. Brakeley, J. C. Fitch, R. Byington, Warren Co.; Drs. L. Burr, E. J. Marsh, G. M. Terhune, J. R. Riggs, Passaic Co.

Censors for Middle District,—Drs. J. W. Craig, A. F. Taylor, H. Van Duersen, A. Skillman, Somerset Co.; Drs. R. W. Cook, A. B. Dayton, J. T. Woodhull, C. C. Blanwell, Monmouth Co.; Drs. J. Lilly, W. Johnson, J. Blane, H. Southard, Hunterdon Co.

Censors for Western District,—Drs. S. Woolston, Z. Read, J. S. Haines, J. Parrish, Burlington Co.; Drs. J. S. Mulford, J. Risley, C. D. Hendry, O. H. Taylor, Camden Co.; Drs. J. Fi-

thian; C. Garrison, J. R. Sickler, T. J. Saunders, Gloucester Co.; Drs. C. Hannah, J. B. Tuft, T. Reeves, Q. Gibbons, Salem Co.

Society adjourned.

W. PIERSON, Recording Secretary.

REPORT OF THE STANDING COMMITTEE FOR 1846—'47.

By the Eighth Section of the Second Chapter of the By-Laws of the Medical Society of New Jersey, it is made the duty of the Standing Committee annually to make report concerning, 1st. The Public Health, the prevalence, nature, causes and cure of Epidemics, and the occurrence of remarkable medical facts during the preceding year. 2d. Irregularities, neglect, and contempt of the laws, rules and regulations of the Society; and 3d. Informalities in the organization of District Societies.

In order that the Committee may be provided with the means of preparing a thorough report, it is made the bounden duty of the reporters, appointed for that purpose, to furnish them with all the information which they can collect relative to these subjects within their respective districts. It is a fact worthy of special commendation and congratulation as it indicates an increasing regard for the prosperity and advancement of the profession, that reports more or less full have this year been received from the reporters of each of the three Districts of the State. From these several reports, it appears that the people of the State have enjoyed an average amount of good health, that few epidemics have prevailed, and that these have been limited in extent and mild in all their characteristics.

The first report which came to the hands of the Committee was that of the Reporter for the District, (the Eastern,) in which the members of the Committee themselves reside, and with the facts related in this report the observations of the Committee enable them fully to coincide. The report states that the whole District, so far as responses had been made to the inquiries of the Reporter, had enjoyed very uniform good health

and exemption from severe epidemic disease. If any exception be necessary from this general statement, it is in relation to the somewhat increased prevalence, in some parts of the District, of malarious diseases, such as Intermittent and Remittent Fevers. This has been especially observable in certain localities in the counties of Essex and Warren, as the vicinities of Newark and Elizabeth Town in the former county, and the village of Hope in the latter; in all of which places, after several year's comparative respite, these diseases, during the last autumn, made their reappearance. The cases were not, however, very numerous, were generally of a mild type, and readily yielded to the ordinary treatment by which American physicians are accustomed to combat these diseases. In the neighbourhood of Westfield, lying some 7 or 8 miles West of Elizabeth Town, the malarious influence which, in the other vicinities, exhibited itself in the forms before named, was developed in the form of dysenteric affections, which prevailed, as the Committee have learned from unprofessional sources, to a considerable extent and fatality in that township. As there is no practitioner residing in the township connected with the Medical Society, the Committee have not been provided with any account of the treatment pursued. The reports which have been made to the Committee have not informed them as to the telluric and atmospheric conditions with which the malarious influence that developed itself in these forms of disease has been connected; but it is not improbable that the unusual and protracted heat and dryness of the last summer, following the heavy rains of the earlier part of the season, and exposing to the atmosphere, surfaces previously drenched with water, may, in accordance with the best received theories on the subject of malaria, be regarded as the producing cause.

During the early part of the winter, catarrhal and bronchial affections prevailed throughout the Eastern, and, as will be seen from the report of that District, in the middle portion of the State. These were characterized by a degree of severity and universality as almost to entitle them to the designation of Epidemic Influenza. These affections, though not a little obstinate,

generally yielded to the ordinary treatment, without laying the foundation, except in a few instances, of permanent disorders of the respiratory organs.

In the latter part of the winter, hooping cough and measles made their appearance in some parts of the District, but in so mild a form as but occasionally to demand active medical treatment.

Some interesting cases of hydrophobia, occurring in the practice of Dr. Pierson of Orange, in Essex county, were, through the kind attention of Dr. P., brought to the personal notice of the members of the Committee; which, notwithstanding the prompt and active treatment pursued, terminated fatally within 48 hours after the development of the hydrophobic symptoms, and in from five to ten weeks after the bite of the rabid animal. The Committee omit the detail of the symptoms and treatment adopted in these cases, as they have been led to hope for a more full account, than they could give, from the medical gentleman in attendance. The Committee would fail of their duty, were they not to avail themselves of the occasion here presented to express their condemnation of the practice sometimes fallen into by medical men of reputable standing, and an instance of which these cases brought to their notice, of ministering to popular ignorance and credulity by pretending to knowledge of sovereign and infallible remedies for those terrific diseases which so powerfully awaken public anxiety and sympathy; which remedies they are willing to furnish to the afflicted, with particular directions for their use, without deigning to communicate to the attending physician their composition and modus operandi. The instance to which they have reference the Committee do not deem it proper to indicate more particularly, as it is possible that it may have originated in an inadvertence; and they have alluded to it only for the sake of expressing their condemnation of the practice, and suggesting greater watchfulness against even inadvertent violations of professional propriety.

The Reporter for the Middle District excuses himself, on account of severe sickness in his own family, from as minute an account as he would desire to give of the prevailing diseases of

his District, stating, however, as the result of his own observation, that little had occurred which would prove interesting to the Committee or the Society.

"During the summer and early autumn," he adds, "diarrhœa and dysentery were the only forms of disease that I was called on treat, and these, with but few exceptions, were so mild as to yield readily to such treatment as is common with every practitioner of medicine, and need not be detailed. Some of the cases of dysentery were severe, but none fatal."

In the latter part of September, catarrhal affections became common, and have continued to the present hour without an interval of suspension, and have been characterized by the frequency of their recurrence, rather than by any other peculiarity of feature. Some of my patients have suffered from it five or six times, and I have now one who has not been free from it longer than a week at any one period since the beginning of October. Interspersed with this disease, we had some cases of severe bronchial and pneumonic inflammation; one of the former I have now under treatment, which is yielding to the remedies commonly resorted to in such affections. A few cases of diarrhœa, of obstinate character, occurred through the winter; the last in March. Rheumatism has been more prevalent than for several years past, and since the first of February some cases have occurred of acute inflammation of the liver."

The foregoing statement applies to the personal practice of the Reporter, and is not perhaps to be regarded as characterizing the whole middle district.

From the Reporter for the Western District the Committee have received an interesting report, to which they cannot do justice by any mere abstract; they therefore present it in full as communicated, premising that the Committee have received from the Reporter a note stating that, since the preparation of his report, two cases of distinct typhus fever had occurred among the Irish immigrants who had recently been brought into his neighbourhood from the alms-house in New York, within a few days after their arrival into the country. Their symptoms are described as indicating the presence of *the* typhus character,

ab origini, the disease setting in with the black tongue, collapse, sordes tympanitis, &c. They were treated with cathartics and counter-irritants, and recovered, the crisis appearing from the 7th to the 10th day. The principal report from the District is as follows:

"*To the Standing Committee of the New Jersey Medical Society.*

Your Reporter for the Western District, in order to obtain information on the several subjects committed to his charge, addressed letters to a number of medical gentlemen in the lower counties, desiring them to communicate such "interesting and curious medical facts, discoveries and remarkable cases," as may have come under their notice; but no answers having been received, he cannot of course, furnish a full report. In his own neighbourhood there has been no epidemic during the past year, except whooping cough, which prevailed very generally during the summer months, but there was no evident variation in the disease from its usual course.

A very violent and fatal form of gastro-enteritis occurred frequently during the hot weather. Among the oldest practitioners it was thought to be an unusually malignant type of the disease; the attacks generally came on suddenly, attended with violent abdominal pain, almost constant bilious vomiting, and obstinate constipation of the bowels, the pulse was rapid, and the skin often cool. So great was the fear of collapse in the first stage, that bleeding from the arm was some times contra-indicated, and local depletion conjoined with the mercurial treatment was found to be the most salutary.

Autumnal intermittents, which prevailed so generally several years since, have scarcely been known in this vicinity in the past year. This fact may be attributed in great measure to the improvements in agriculture, draining marshy lands, and bringing them under cultivation, &c. An exemption from this disease in neighbourhoods which have long been subject to its annual visitations is a cause of great gratulation.

Under the head of "new discoveries" in medicine, your re-

porter wishes briefly to notice the vapour of Sulphuric Ether as a remedy for the alleviation of pain in surgical operations. It has been but a few months since the attention of the profession was directed to this subject, from the fact of a certain dentist in Boston procuring a patent for the discovery of a method for relieving pain in dentistical operations. Drs. Warren, Hayward, Bigelow and others, connected with the Massachussetts General Hospital, first allowed the vapour to be administered on the 17th of October, 1846, to a patient under their care, upon whom the operation of removing a tumour from the neck was performed while under its influence. Though this experiment was not entirely successful in relieving the pain, as was anticipated, it was sufficient to convince Dr. Warren, (the operator,) that the effect of this gaseous inhalation was to "neutralize the sentient faculty;" and he believed that if properly administered it would be a valuable aid to the surgeon in his efforts to alleviate human suffering.

Upon investigation, it being ascertained that the vapour of Sulphuric Ether alone, separated from its impurities by washing without the addition of any narcotic drug, was sufficient to produce the desired effect, and the patent being considered invalid, its use was adopted in the hospital, and has since been employed in that institution to the entire satisfaction of the distinguished gentlemen who have it under their charge.

On the 18th of October, the day after the first experiment, Dr. Hayward removed a fatty tumour from the arm of a female whom he had placed under the ethereal influence, with perfect success. The operation lasted four or five minutes, and if the patient's assurances are to be relied on, she was not only entirely free from pain during its progress, but was insensible to surrounding objects, and was only uneasy about a child that she had left at home.

On the 7th of November, Dr. Warren performed the painful and protracted operation of excision of a portion of the lower jaw, in which he asserts that the sufferings of the patient were greatly mitigated by the use of the ethereal vapour.

On the same day, Dr. Hayward amputated the thigh of a

young woman who afterwards declared that she was unconcious that any thing had been done to her.

On the 12th of the same month the vapour was administered for three minutes to a female patient who had a large tumour taken from the arm, and so entirely tranquil was she that a by-stander who was interested in the case did not know that the operation had commenced till it was nearly completed.

On the 21st, a large tumour, covering nearly all the anterior part of the thigh, was taken away from a strong muscular man, without the patient being aware of it, until examining the wound created by its excision. In the extraction of teeth, the vapour of ether is deservedly a popular and efficient remedy for alleviating the pain of this simple but severe operation.

In addition to the experiments which have been tried in this country, there is ample testimony from the highest authority of its marked success in Europe. A writer from London states that the use of this vapour in surgical operations is considered by the surgeons of the metropolis as the "most wonderful discovery of the present century," and that it is now used extensively in private practice, and in almost every hospital. He further states that he has seen operations in lithotomy, hernia, amputations, extirpation of schirrous breasts, &c., and that during the whole proceedings the patients have been entirely unconscious.

In Guy's Hospital, a boy operated on for stone died a few days afterwards; and an unfortunate female, upon whom was practised the Cesarian section, died in thirty-six hours after the operation. In the first case the kidneys were found to be extensively diseased, and in the latter the cause of death could not be directly traced to the effects of the ether. A case has been reported by Dr. Simpson, of difficult labour, which was conducted to a happy termination under the ethereal influence, the uterine contractions continuing regularly and powerfully, but without the least suffering to the woman.

From a late number of the Gazette des Hopitaux, we find that the learned Societies of Paris have tested the merits of this discovery by a variety of experiments. At a meeting of the Academie de Medecine, M. Malgaigne announced that he had

tried the American method of rendering surgical operations painless upon five patients. The first was afflicted with an abscess in the leg. He breathed the vapour for two minutes, the bistoury was used to open the abscess, and when the patient was aroused from his "lethargy," he expressed a wish that the operation might be done immediately, and was much surprised to find that his wishes had already been complied with.

The second had a tumour taken from the neck, was conscious of the operation being executed, but felt no pain.

The third had a tumour in the neck also; the incisions were made without pain, but the sufferings of the subsequent part of the operation were considerable.

The fourth was an amputation of the leg: the vapour was inhaled for seventeen minutes; the patient was conscious of the operation, but experienced no suffering.

The last was a young man with strabismus; the operation was performed with but little, if any diminution of pain.

A patient at the Hotel Dieu, who had a compound fracture of the leg, had it adjusted and dressed without pain, after inhaling the vapour for twenty minutes.

A case is reported by Malgaigne, of a man at St. Louis Hospital, of very strong constitution, with a phlegmonous abscess on the leg about the region of the malleolus: after inhaling the vapour for three minutes, he fell into a state resembling drunkenness. Having answered in the affirmative the question whether his sight was dim, (a symptom which the operator considered proof of the effect of the remedy,) the surgeon made an incision in the abscess through a portion of skin that was much inflamed, and abundantly supplied with nerves, and pressed out the pus; the patient was much agitated, his face red, his eye-lids closed, and the muscles of the face and superior extremities abnormally contracted; "he appeared to be under the weight of painful feelings which he was struggling to throw off; he lost the reasoning faculty, and foamed from the mouth." This condition lasted two or three minutes; and when conciousness returned, he declared that he felt no more pain than would have been produced by a slight pricking of the skin, but complained

of the smarting of the wound made by the operation. Wine was administered in these cases to effect a speedy recovery from the stupor, and this may have had something to do with the singular conduct of the patient. M. Velpeau had failed in obtaining entirely satisfactory results from his own trials of the remedy. One patient had proved unmanageable, another had suffered pain during an operation, and a third declared that he was thrown into such a state of ecstacy that he was unable to complain, while another had a tumour removed without any pain.

It is to be regretted that we have not in our possession more positive and detailed reports of all the physiological effects of the vapour upon the human constitution. Among the cases cited above, we have, in one instance, the pupils dilated; in another, they are contracted, with injection of the conjunctiva; in one the pulse was 88 before an operation and 92 after it, and in another it rose from 80 to 120; in several it was not affected at all, while in one case, where the remedy was administered in excess, it produced coldness of the surface and sinking of the pulse. One case is reported where hemorrhage occurred half an hour after the removal of a small tumour from over the mastoid process, which suggests a caution that surgeons should be entirely satisfied before closing a wound that all the important arteries are well secured.

The method adopted in Paris for administering the gas may account for the failure that occurred in several cases of producing its legitimate effect,—the plan they pursued was to inhale the vapour through the nose and exhale with the mouth, or vice versa. The plan adopted in this country is considered more certain and effectual, as well as more simple and easy.

The instrument employed, is described as a small double necked glass globe, containing the prepared vapour, together with sponges to enlarge the evaporating surface. One aperture admits the air to the interior of the globe; when charged with the vapour, it is drawn through the other into the lungs, the inspired air thus passes through the glass vessel, while the expired air is diverted through a valve in the mouth-piece, and

escaping into the apartment, is thus prevented from vitiating the medicated air.

Before closing this Report it will be interesting to notice a few suggestions which present themselves for consideration i the examination of this subject.

Sulphuric Ether is classed among the cerebral stimulants, medicines which act peculiarly upon the brain while they exert a stimulating effect upon the general nervous system, and upon the circulation. In sufficiently large doses, the effect of all this class of remedies is so powerful upon the brain as to render it incapable of receiving and transmitting its ordinary impressions; and it may readily be imagined that by urging this ethereal vapour upon the system injudiciously, the cerebral influence may be so far paralyzed as to prevent respiration, and of course destroy life. Such has been proved to be its effect on animals. But so you may do with other remedies of the same class. Take opium, for example; the first effect of this drug is to accelerate the action of the heart,—confusion of the intelligence is the next result, until you at last produce its full suporific effect; and like the ether, it diminishes muscular strength, brings on stupor and stertorous respiration, with insensibility to surrounding impressions:—but the peculiar tendency of the ether to allay the pain of severe operations, renders it the supreme remedy on such occasions. Its effects upon the system are more transient, the signs of its influence pass away speedily, and so far as we are yet informed, the system feels no subsequent unpleasant results: its operation does not continue so long as to wear out the natural susceptibility, but for the moment to hold it under control.

There can be no doubt that the insensibility to pain which it produces must be the result of some present unnatural condition of the nervous system; but how this state of insensibility can be consequent upon an affection of the cerebral substance, and admit of perfect consciousness at the same time, as is stated by Malgaigne, is an intricate problem in physiology, which is yet to be solved;—but because it is intricate and hard to explain, we should not lay aside as worthless the testimony of the best men of our profession, and refuse to acknowledge the facts which their fidelity in research and experiment has developed."

In regard to the subject to which the report from the Western District is mainly devoted, the Committee think it right to say that, while there can exist no doubt of the availableness of this prevention of pain in many cases, as is proved by the facts so carefully collated by the reporter, there have occurred several instances—some in their own neighbourhood—where unpleasant results inculcate the indispensable necessity of great caution in the use of this powerful stimulant. In one case, convulsions were induced, which continued for several successive days with great severity and frequency, awakening in the friends and medical attendants the most serious apprehensions of the death of the patient. The opinion among medical men in Boston, where it was first introduced, and where the most approved modes of administering it are adopted, is far from being uniformly in favour of its general safe operation. Within a few days, a case has been reported, wherein it was used preparatory to the amputation of a contused and lacerated fractured limb, in which, in the opinion of the surgeon who performed the operation, and who made the post mortem examination, the life of the patient fell a sacrifice to its administration. Even had not such facts occurred, the judicious physician, who knows the effect of powerful stimulants, though they are diffusible and transient, upon persons of high cerebral organization, or of a delicate pulmonary conformation, will be slow to sanction the general use of an agent capable of producing such an exaltation of the nervous and arterial energies.

There have been reported to the Committee no cases of irregularities, neglect or contempt of the laws, rules and regulations of the Society, nor have any worthy of special notice come to the knowledge of the Committee. The popular infatuation in regard to certain novelties, which have been elaborated in the secluded closets of German transcendentalists, has induced some melancholy defections from the time-honoured and well established principles of true medical philosophy; but there is good reason to believe that these have been confined to persons whose natural perceptions have been too feeble, or whose intellectua discipline has been too imperfect, to qualify them to distinguish

between visions and realities, and to another class less deserving of commiseration and more meriting contempt, whose moral habitudes are so loose that expediency weighs in their estimation more than truth, interest more than principle. The few persons who have thus made shipwreck of their medical faith, have wisely and seasonably withdrawn themselves from the honourable associations of the Society and its district organizations, so that they are relieved from the necessity of applying to these cases their wholesome discipline. Still, as many of these persons are legally licensed practitioners, this Society ought perhaps to determine how far it will permit its members to maintain professional intercourse with them. Some there may be, who, regarding these persons as lawful physicians, think they may, without violation of professional honour, meet them in consultation and extend to them the right hand of fellowship; others there are who decline all intercourse with them, feeling that, when men differ in regard to their first principles, no advantage can arise from consultation, and that he who abandons the system which he was licensed to practice, and uses his license as a cloak for empiricism, though he escape legal penalties, is not entitled to professional recognition. Uniformity on this subject is very desirable, and an expression of the views of the Society in regard to it, is due to those who wish scrupulously to govern themselves by the recognized ethics of the profession.

Another question, in connection with this subject, on which an expression of the opinion, if not the adoption of some regulation by the Society, seems at this time demanded, is, to what extent its members may humour the prejudices of their patients and their friends in favour of false systems of practice, without forfeiture of professional good standing. The Committee submit this inquiry without comment, themselves believing that professional harmony and good feeling are greatly endangered by the conflicting opinions and practice which prevail on this subject.

Respectfully submitted.

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ORIGINAL COMMUNICATIONS.

POPULAR INSANITY AS EXEMPLIFIED IN THE FAVOR ACCORDED TO HOMŒOPATHY.

By Alexander N. Dougherty, M. D.

Read at Newark before the Essex County Medical Society, May 4, 1847.

"Homœopathy, from its very inception, has been reared by the true Baconian process of inductive philosophy. Not a step has been taken which has not rested on facts, and the only question to decide is, whether these facts are true or false." *Ticknor on Homœopathy*, p. 21.

"Diseases will not, out of deference to our stupidity, cease to be dynamic aberrations, which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health."

Hahnemann's Organon, p. 19.

The ancient poets make fervid mention of the early happiness of our race, when, as they imagined, the earth brought forth her stores spontaneously, and brotherly harmony prevailed everywhere amongst men. Arcadian bowers bloomed in Lapland, and the fruits and flowers that bless with their rife abundance the equatorial regions, then sprung and matured and withered, with few to pluck them, close in the neighborhood of the Poles. The lion and the lamb lay down together, and the infant could sleep securely by the mouth of the cockatrice's den. All went merry as a marriage bell.

As Virgil hath it, predicting a return of that felicitous period,

> "Then mild become the years devoid of wars,
> Then Faith, Religion, and Fraternal Love
> Impose commands: the harshly-grating gates
> Of horrid war are shut, and impious rage
> Upon her cruel weapons seated high,
> Bound with an hundred brazen-knotted chains,
> Foams powerless from out her gory mouth."

Then followed the age of Silver, when licentiousness and wrong prevailed. After this the age of Brass, violent, savage, and bloody. And finally the age of Iron, (in which Hesiod thought the world was at his day,) when Justice and Honor had flown to their native skies.

Many phases has earth which bears us exhibited since, many

cycles has it rolled through in its eternal career, but without ever as yet approaching the Saturnian starting-point. Alas! for the Hæperian gardens and their golden fruit. They had no existence save in the frenzied inspiration of genius; nor less a fable was the story of a golden age, unless it be an age wherein every man accumulates as much gold as possible. That indeed still exists. The *auri sacra fames* still gnaws at the heart of every man, woman, and child, giving rise, among other abominations, to the countless quackeries, one of which it is our purpose presently to discuss.

Yes, since the beginning, the green sward of the temperate climes, the eternal snows that gird the poles, and the fiery sands of the tropics, have been alike the arena of man's conflict with his fellow—have looked alike upon the wrong done by the strong to the weak, upon the advantage taken by the crafty of the simple—upon the universal and infinite selfishness of the race wherever located.

We have had the classic ages, distinguished for literary productions, which will serve as models for all time, and which, though gray with antiquity, are yet beautiful and fresh as the face of an angel; the dark ages when Art had veiled her head, and Science slept, and a funeral pall enveloped Christendom; the chivalric ages, when for ladies' love the bold knight, lance in rest, and visor down, adventured every risk and "hair-breadth 'scape;" the age of reason, so called by that

> "Most sage Philosopher,
> Who had read Alexander Ross over,"

with Voltaire and Rousseau to boot, thereby arriving at the conclusion that religion was a farce, and morality a thing to scoff at, and death an eternal sleep.

What have we now? What, indeed, but the new age of Brass? Our times have been variously designated according to the fancy or predilection of each self-constituted sponsor. Thus some, of a religious complexion, call this the missionary age, in reference to the extraordinary efforts now in progress for the enlightenment and conversion of the heathen. According to others, interested only in prosaic affairs, it is the practical age, because

men are now very earnest in the pursuit of bare utilities, to the neglect of the former poetic dreams and reveries. While others still affect the name of mechanical, since in mechanical contrivances, from a steam engine, with its automatic might, to the many fingered spinning-jenny, this age is unrivalled.

But let us see if there be not really strong and pre-eminent reasons for the name we have taken the liberty to confer.

Whatever other distinctive traits the times may present, the universal prevalence of effrontery and impudence will be conceded without dispute, as well as their correlative, a sawney-like simplicity, and readiness to be cheated with brass counters for true gold. And though the brass be rusted, though it have not even a thin coating of the precious metal, though the most superficial examination might suffice to detect the imposition, it passes equally current and unquestioned among large masses (we had almost said the majority) of people.

True, Mrs. Mapp, the *bone-setter*, has passed away, but her place has been adequately filled by the Sweet family. St. John Long does not now pretend to extract mercury from the head of an illustrious patient, (it were easier, methinks, to find lead there,) but our worshipful Botanic doctors do not allow the world to suffer by his loss. Perkins, in spite of his metallic tractors, has descended to the shades, but happily his mantle has fallen upon the mesmeric fraternity,—Morrison's Pills (now no more) have begotten a numerous progeny. Brandreth's, Peter's, Hibbard's, Moffat's, &c., &c., &c., which, (Oh! that they had died in the birth,) will beget still others to tease the bowels of posterity, down to the latest generation—unless by an extreme reaction Homœopathy and Hydropathy, discarding all medicine, should sway their airy and watery sceptres over an undosed world.

Let it be observed that while humbug has existed in all ages, it seems to have prospered *most* in ours.

That, within a few years, great wonders in natural science have been wrought, and capabilities brought to light which had hitherto lain hid and unsuspected, is undeniable. No less true is it, that when first promulged they seemed incredible; they were rejected by the world, and those who proclaimed them

subjected to contempt. Does it follow, however, that we are *therefore*, and without severe tests, to receive any new and astounding revelations respecting the operations and powers of nature, which any man, or set of men, may choose to unfold? Under this ample shield are the uncounted and Protean shapes of quackery, that thrust their grotesquely ridiculous or horridly ugly visages into every house in Christendom to take shelter, which only need investigation conducted in the proper manner, and by men properly taught,—that is taught to think,—to exhibit their inherent fallacy, and disappear like unsubstantial ghosts at break of day.

Has not the discovery of the philosopher's stone, with its marvellous gold-producing qualities, been announced a thousand times? If human testimony can be relied on, has not the *elixir vitæ*, the guaranty of immortality on earth, rewarded the anxious search of numerous experimenters? And what shall we say of the bubbling fountain of youth that Ponce de Leon found in the Bahamas, wherein, if the venerable matron washed, her wrinkles at once were smoothed, her attenuated frame was clad anew with the firm flesh of youth, and long-forgotten passions pervaded her renovated nature. And has not that veracious traveller, Sir John Mandeville, testified to having seen Prester John and his kingdom in the middle of Asia, and to having visited the glittering El Dorado? But leaving ancient fables, all of us can recollect the success of the moon hoax. Hardly a family in the land but contained some enthusiastic believers.

It is useless to multiply examples. Sufficient has been said to show that if the world has erred occasionally by refusing credence to actual verities, it has erred infinitely oftener by bestowing it on lies; and by how much more numerous are the lies than the truths, by so much the more obstinate have we a right to be in demanding the clearest and most convincing proof of all extraordinary novelties.

Let one, however, hesitate to admit in full the accuracy and the reality of clairvoyant vagaries, and at once he is assailed with stories of illustrious men, whose merits were unacknowledged at first, and whose opinions were decried until time and experience

had established them on an incontrovertible basis. Or perhaps some zealous partizan of this newest of the neologies, refers him to the vast resources which modern discoveries have developed in nature—to the wondrous power of steam under the ruling hand of art—to the electric telegraph, which with wings of light annihilates space, bringing the most remote places as it were to the same point.

It is as if we were required to believe, that because steam has been successfully applied to locomotion on land and sea, it will also be of service in navigating the air—or because that subtle agent magnetism produces motion, that it must be identi cal with or a fit substitute for the vital principle.

Or do you presume to doubt the efficacy of *nothing infinitesimally diluted*, in the cure of disease—straightway up starts an apostle of Homœopathy to confront with you the shades of the great Harvey, or the greater Jenner, whose discoveries of the circulation of the blood, and the prophylactic capacity of vaccination, were for a time held in little esteem, only to be in after years encircled with a brighter halo, and an ever-increasing lustre. Nor are these the only names they quote. They press into service Galileo with his wondrous tube, into which the Paduan professor refused to look; Sydenham, who was counted a murderer; Aristotle and Descartes, whose books were burnt; Linnæus and Buffon, who were charged with impiety and infidelity, and Ambrose Paré who was "hooted at for introducing the ligature in cases of amputation, as a substitute for boiling pitch." Thus, the persecutions which truth has experienced, are adroitly used to protect error, however gross,—as if on the ground that imperfect and partially enlightened reason has failed at first to receive certain *truths, therefore, if a dogma revolts reason, it must be true.* Oh! miserable perversion of faculties given for high ends! Oh! human degradation below the level of unreasoning brutes!

In scrutinizing a system of medicine, it is necessary first to consider its principles, as laid down in the books which are its acknowledged exponents, and then the results of those principles as applied in practice. And as Hahnemann's Organon is

the bible of the new creed, containing the chief attempt at a philosophical explanation of its articles, no apology is demanded if we make it our text-book on this occasion, endeavouring to exhibit some of the fallacies and inconsistencies with which it abounds. The author of this treatise, Samuel Hahnemann, was born 1755, at Meissen, in Saxony. While at the University of Leipsic, where he studied with distinction, he supported himself by translating English medical books, one of which (Cullen's First Lines) he says, indirectly, begot in his head the Homœopathic theory. For being dissatisfied with Cullen's solution of the antipyretic virtues of bark, he set about discovering them by a series of experiments upon himself; in the prosecution of which, he asserts that the medicine produced an ague fit. He immediately suspected that its curative properties depended on this singular peculiarity; and the suspicion became conviction when he detected, as he thought, a similar peculiarity connected with other medicinal agents, viz: that they were able to excite symptoms resembling those of the diseases in which they were of use. For example, he states that belladonna will produce an efflorescence and sore throat, like those of scarlet fever, for which he thinks it a specific, curative, and prophylactic. So, too, that sulphur will produce an eruption similar to itch, for which it is a renowned remedy.

Having settled down on his principle, he began to explore all the books to which he had access, for cases wherewith to confirm it, and render it fit to present to the world. However questionable the authority or shape of a story, or however completely opposite cases might neutralize it, mattered not a straw. If it could be tortured into a homœopathic aspect, he compelled it to do duty as a foundation stone for his immortal pyramid. So was the Organon built.

Its name marks the ambitious nature of the performance, and the self-conceit of its author. Bacon's Organon dispelled the obscurity of the dark ages, and swept away the hypothetical cobwebs and *a priori* assumptions of Aristotle, substituting in their stead the certainties of induction. In like manner, Hahnemann's Organon claims to have entered the chaos of con-

flicting medical opinions, reduced anarchy to order, and derived from the confused facts of the Hippocratic system, hoary with the snows of twenty-five centuries, the sole law which governs them. The author declares Allœopathy and Antipathy, the former producing different, the latter opposite symptoms to those of disease, to be merely palliative—to have no power of effecting a radical cure. He arrogates to his principle, the credit of the cures wrought apparently by Allœopathy. He depreciates the efforts of nature, as miserable futilities, and for the most part sections of Alloeopathy. For instance, p. 104, he says, "Neither the efforts of nature, nor the skill of the physician, have ever been able to cure disease by a dissimilar morbific power, whatever energy the latter may have possessed." Thus he very much deprecates the crises and critical evacuations of nature, and which Allœopathy imitates by venesection, diuretics, emetics, and purgatives. Elsewhere, with his ordinary inconsistency, he admits that nature *does* cure by these allœopathic means, though with much inconvenience and danger to the patient.

A main dogma of Homœopathy, and which we have quoted at the head of this article is, "that diseases are dynamic aberrations, which our spiritual existence undergoes in its mode of feeling and acting—that is to say IMMATERIAL changes in the state of health." Hahnemann is clearly a solidist, setting at nought the famous humoral pathology. Elsewhere he says, "diseases are not mechanical or chemical changes of the matter of the body," &c.*

In intimate relation with this is the notion, that the *ensemble* of the symptoms constitutes a disease. Says the Organon, "the ensemble of the symptoms is the principal and sole object that a physician ought to have in view in every case of disease—the power of his art is to be directed against that alone, in order to cure and transform it into health."† Again, "I cannot therefore comprehend how it was possible for physicians, without heeding the symptoms, or taking them as a guide in the treatment, to imagine that they ought to search the interior of the human economy, and that they could there alone discover that which

*Organon, p. 91. †Idem, p. 81.

was to be cured in disease. I cannot conceive how they could entertain so ridiculous a pretension, as that of being able to discover the internal invisible change that had taken place, and restore the same to the order of its normal condition, by the aid of medicine."* And the man who "could not conceive" a thing which modern pathological science has illuminated with her concentrated light, and made plain to the merest tyro—is elevated into a demi-god, whom we weak mortals, in the year of grace 1847, are commanded to worship.

Another cardinal principle in Homœopathy, and the one which Hahnemann applies to account for the curative action of medicines, is John Hunter's fancy, that two similar diseases cannot co-exist, but that the stronger will expel the weaker.† In this connection he assumes that drug diseases make a more powerful impression on the nervous system than spontaneous diseases, and that they rouse nature under the operation of the law just enunciated, to react and expel the latter, after which their own action soon subsides. It is useless to quote his words. But beautiful as Hahnemann thought his theory of re-action, and much as he plumed himself on it, a portion of his followers reject it. Sampson, an English writer, taxes it with being "contradictory, and based on numerous assumptions." Nothing remarkable in that, surely, or out of the regular homœopathic track. Had it been otherwise, we might justly have doubted its paternity. He remarks, very properly, that "we have no sufficient proof of the greater strength of the medicinal disease as compared with natural diseases; nor that the human system cannot suffer from two like diseases at the same time. And why, too, should not the vital power, which was sufficient to throw off the severer medicinal disease, be sufficient to throw off the natural and milder form." He offers then a theory of his own, to the effect, that the symptoms of disturbance are indications which nature gives as to which organs are laboring and in a state of over action, so that when we observe this over action we may administer the appropriate stimulus (homœopathic) of that organ, and thus by enabling it to perform what it is ineffectually endeavouring to per-

*p. 80, Organon. †Idem p. 100

form, cause the existing evil to be thrown off and with it all disturbance to which it had given rise.*

By the way (to illustrate how humbugs hang together, and how easy, like that of Avernus, is the descent down the whole string,) M. B. Sampson the author of the above theory, (extracted from his ingenious and zealous work on Homœopathy,) is also the author of a work on capital punishment, in which he advocates its abolition and propounds the startling doctrine that crime is owing to a malformation of the criminal's head, which he did not create, and that he is therefore not a responsible agent—Vive la humbug! We venture to assert that Sampson, not so strong in the head as his namesake in the arms, will not succeed in pulling down the edifice of society, but that he would be found on enquiry a devout believer in Mesmerism, Hydropathy, Fourierism, and a dozen other *isms* and *ys*.

To return. Sampson and Hahnemann differ in their estimate of natural indications. Sampson would have us implicitly obey them, while Hahnemann persists that they are the blind strugglings of "an unintelligent vital power." Reconcile the discrepancy who will. The egg is not worth the salt.

But Hahnemann, that pink of INCONSISTENCY, is bound to be so here. Accordingly, he gravely and emphatically quotes certain natural cures which he considers homœopathic, and thus boasts of the suffrage of an agent which when it operates allœopathically is not far removed from idiocy.†

Another prominent doctrine of Homœopathy relates to chronic diseases—Hahnemann derives them all from Syphilis, Sycosis and Psora—especially the last.‡ With regard to the action of syphilis upon the animal economy, his views are not very different from those generally entertained. His treatment of chancres is of course highly reprehensible, rejecting as he does the application of caustic, and the internal exhibition of mercury in appreciable doses. By Sycosis he means venereal gonhorrhœa, and the vegetations that spring from it. He holds that

*Sampson on Homœopathy, p. 212. †Organon, p. 101 et sequent
‡Idem, p. 122.

like syphilis it becomes constitutional, an opinion to which M. Ricord, the foremost man in all the world in a practical acquaintance with venereal diseases, would be loth to subscribe.

While syphilis and sycosis have a considerable share in the propagation of chronic diseases—decidedly the diamond of the brilliant trio, the cynosure of the faithful believers, is Itch.

To it nearly every chronic disease, from scrofula to corns, is referred, and to eradicate it, Hahnemann has a special set of remedies, which he styles *Antipsorics*, among which sulphur of course occupies the place of honor. The world, even the skeptical medical world, might admit their efficacy, could the antipsorics cure their illustrious classifier, and his admirers, of their overweening itch for the marvellous. That, alas! is beyond their power.

Most opportunely do we discourse of the marvellous, for the next and last grand homœopathic dogma deals marvellously in it. We allude to the doctrine of infinitesimals—which, however, the brethren may protest and deny, is as really and essentially a part of their system, as is the *dictum*, *similia similibus curantur*.

For, against CORNS there are recorded no fewer than twenty-six remedies, among which, are Antimony, Caustic, Tin, Nitric Acid, Phosphorus, Phosphoric Acid, Rhus Toxicodendron, Silver, Veratria and Potash—all to be administered internally. Now, let them be administered in full doses, and how long will the patient continue homœopathic? Nay, how long will he continue in the world?

> Sad cure! for who would lose, though full of corns,
> This good material being, to perish rather
> By too large a dose of Homœopathy?

Hahnemann's directions for the preparation and administration of medicines are briefly as follows:—

Express the juice of plants, and add an equal quantity of alcohol to preserve it; or if more convenient, the plant may be powdered, bottled, corked and stowed away in a safe place. Then if two drops of a mixture of equal parts of alcohol, and the recent juice of any medicinal plant, be diluted with ninety-

eight drops of alcohol, in a vial capable of containing one hundred and thirty drops, and the whole twice shaken together, the medicine becomes exalted in energy (*potenzirt*) to the first developement of power. The process is to be continued through twenty-nine additional vials, each of equal capacity with the first, and each containing ninety-nine drops of spirits of wine. The *thirtieth, or decillionth, developement is the one in most general use.**

A like process is used with mineral and animal substances after they have been raised in the form of powder to the millionth degree.†

Hahnemann severely reprehends the conduct of certain practitioners who carry their bottles about with them, and by the indefinite shaking, confer on their medicaments a formidable augmentation of energy.

He says, "too strong a homœopathic dose will infallibly injure the patient." "The dose of the homœopathic remedy can never be sufficiently small, so as to be inferior to the powers of the natural disease, which it can at least partially extinguish and cure, provided it produce an almost insensible aggravation of the disease."‡ "The effects of a dose are by no means diminished in proportion, as the quantity of the medicinal substance is attenuated. Suppose that one drop of a mixture containing the tenth of a grain of any medicinal substance, produces an effect = a, a drop of another mixture containing merely a hundredth of a grain will only produce an effect = $\frac{a}{2}$."‖ What exquisite mathematical precision! Who will dare affirm henceforth that medicine is not a certain science? We are indebted to Hahnemann for a law, second only to that which the immortal Kepler wrought out from the scroll of the heavens, after he had perused it night and day for so many years.

"The higher the dilutions, the more rapidly and with the more penetrating influence do they act." He even provides for an exaltation of ten degrees above the thirtieth.

*Organon, p. 200 †Loco. Citat. ‡Organon, p. 202, et sequent.
‖Organon, p. 206.

Again: "Homœopathic remedies operate with most certainty by smelling the medicinal aura from a saccharine globule impregnated with a high dilution. Such a globule kept in a close vial will retain its energy, *at least* from eighteen to twenty years."*

"In acute diseases, the dose may be repeated every 24, 12, 8, 4, hours or oftener, but in chronic miasms, the most subtle dose can be repeated at intervals of 40, 50, or 100 days."†

Having thus hastily, and without much comment, sketched the boldest dogmas of the system, let us briefly review them *seriatim*.

And when a person presents himself with extraordinary pretensions, the admission of which demands in some degree a confidence in his veracity, we naturally ask what sort of a character he has previously borne. The answer to this query in Hahnemann's case will be very unsatisfactory, his course previous to the promulgation of homœopathy, having been very incorrect, and, judged by a modern medical standard, very culpable. It is known, and his warmest friends cannot repel the charge, that he had invented and patented several secret nostrums, which he sold at a high price. With so dishonorable a rise, his sun might be expected to culminate in even greater dishonour, and it does so in his last and crowning nostrum, which we are now considering.

But what sort of facts are these, and who testify for and against them? Take bark, the drug with which he started.

As far as we can ascertain, only two persons have testified to its ague-producing power—our author, and a Dr. Dixon, the founder, we believe, of the Chrono-thermal system. The latter gives only one case.

Now Hahnemann's evidence after his disgraceful quackery, cannot be received, and Dixon's is not much better.

On the contrary, the renowned Andral made the fullest experiments on this and other drugs, and never succeeded in reproducing a solitary homœopathic fact.‡

* Orgnon, p. 208. †Idem, p. 191.
‡Pereira's Elements of Materia Medica.

And thousands of persons have used quinine and bark for debility and non-periodical diseases, why have not a few of them testified to having been thrown by it into ague?

Again, as to sulphur. It is hard to believe that it will produce a disease similar to itch, unless the curious Homœopathist will show under the microscope an Acarus sulphuris, about the shape, size and general appearance of the Acarus scabei, in which modern researches have proved itch to consist.

But many of the alleged facts bear falsehood upon their very front. Who that has seen that terrible malady, hydrophobia, will believe that it either has been or can be cured by belladonna, which Hahnemann reports as a sure remedy.

And why is amaurosis not as tractable a disease, as simple conjunctivitis, since on his principle Hahnemann assures us that belladonna will control it?

Henceforth we have no reason to dread tetanus, since all kinds of it are cured by caustic potash, if we may believe Stutz and Hahnemann.

The most obstinate constipation, ileus itself, may be derided, since it bows to the power of lead in bullet form—nor, we are informed, did these pills operate by their weight, for then gold, which is heavier, would have answered the purpose. Hahnemann forgets that lead is rather the cheapest.

Again: others of the alleged facts, like the last, if admitted, are wholly inapplicable, or can be explained without the aid of homœopathy.

For instance, arsenic will cure angina pectoris, for Tachenius and Thelanius have seen it give rise to strong oppression of the chest, a thing likely enough to happen, when the subject was, from its effects, about ceasing to breathe entirely.

Unrecognized idiosyncrasy is forced into the ranks of the new doctrine. Hahnemann and Sampson quote cases of extreme susceptibility to the action of ipecac,—that drug, in the minutest quantity afloat in the air, bringing on in certain persons of very irritable fibre, severe paroxysms of asthma, which it will relieve in others. But some will fall into convulsions at

the sight of a cat. Is any part of a cat therefore remedial in convulsions? A lady was thrown into a similar state, whenever a plate containing pease boiled in mint, was set before her. Are pease boiled in mint therefore to have a place in the Materia Medica Pura?

Hahnemann gravely relates that the Princess Maria Porphyrogerita, restored her brother, the Emperor Alexius, from a state of syncope, by sprinkling him with rose water, and he refers the cure to the properties of rose water.

The cure of ileus by opium, of scalds and burns by heating, and of frost-bites by cooling applications, of dysentery by purgatives, of diarrhœa by rhubarb, the prophylaxis of the vaccine disease, and many other facts to which he exultingly points as proofs of his theory, can be perfectly well explained without it.

To avoid the trouble of too frequent reference, we may state that the above facts and many more are scattered throughout the Organon.

But do the principles deduced from the facts narrated in the Organon, stand the test of modern discovery in chemistry, pathology and therapeutics? By no means. It is not true that diseases are not mechanical, or chemical changes of the material substance of the body, &c. Disease may originate in a mental cause, may first invade the nervous system, but both mental and bodily maladies often have evidently a material, even mechanical and chemical cause, as when a spicula of bone presses on the brain, producing insanity or epilepsy.

But however disease may be lighted up, from the moment of its inception, it is accompanied and essentially modified, by the most serious changes of the nature above indicated.

McGregor and Malcolm have investigated and published the variations which the quantity of carbonic acid in expired air undergoes during disease.*

Becquerel and Rodier† have, by a series of careful and elaborate experiments, both demonstrated the principle, and settled

*London and Edinburgh Monthly Journ. of Medical Science, 1843, p. 1.

†Gazette Med. de Paris for 1844.

the exact character of the changes in the composition of the blood, in different diseases.

Thus they have deduced eight laws, the first of which is that "the simple fact of the development of a disease, almost always modifies in a notable manner the composition of the blood."

The remainder relatet o the changes of the blood, both chemical and mechanical, accidental and essential, in anæmia, inflammations, fevers and urinary diseases.

Andral sustains these conclusions with the weight of his unimpeachable authority.*

Again: pathology disproves, "that the totality of the symptoms constitutes disease." Necroscopy developes extensive alterations of the tissues after the occurrence of violent phenomena. Now if in a hundred cases after an unmistakeable and identical set of phenomena, we meet with the same alterations, it is perfectly legitimate to infer the dependence of the former upon the latter, in the relation of effects to their causes. The disease *consists in these changes*, and it would be as ridiculous to assume the identity of the phenomena, and the thing exhibited, as to pretend that cause and effect are the same.

But the homœopathist laughs at the idea of ascertaining during life, and combating these changes.

Take a case of pneumonia—how do the rival schools view and treat it? The scientific and skilful allœopathist, sees and considers symptoms, which mean anything, as much as his rival. Nay, the cough and fever, and full hard pulse, and pain in the chest, and dyspnœa, have to him more significancy than to the other, for they decipher to him in plain characters inflammation of the lungs, while to the other they are unmeaning phenomena, to be covered by those of a drug-disease. When we come to physical signs, (vastly the most important,) the allœopathist has the advantage. Not a single physical sign is regarded in homœopathy. Now by their aid, the regular physician may be said to know almost as certainly, as if there were a window in the patient's chest—the condition of the suffering organs—whether

*Andral on the Blood.

the disease is advancing or receding under his treatment, and what will be its termination.

Let the vender of sugar pills and powders, boast of the attention he pays to the most minute symptoms. What would it avail one who wished to have in his eye a correct image of another, to know merely the precise number of his hairs, teeth and wrinkles?

The homœopathist is that besotted being. The allœopathist gains a knowledge of the whole outline, the prominent features of a disease, rejecting with contempt useless appearances.

Having seen which of our two friends pursues the rational course to learn a disease, let us examine which of them treats it rationally.

If summoned during the early stages of pneumonia, the allœopathist practises venesection, and exhibits saline purges and antimony, both to diminish the volume of the blood, (become too great since its equilibrium was disturbed,) and the force of the heart's action, which tend to keep up and increase the existing congestion; and next he administers mercurials till the system is affected, because they have been proved to prevent the formation of fibrin, which abounds in inflammation.

On the other hand, the homœopathist, under the sanction of his motto, "*si non juvat, ne noceat*," *does* awful injury by doing nothing. He turns over the pages of Jahr's Manual, reads a collection of trashy pathogenetic effects, and selects the remedy which seems best to suit the disease. He puts two or three drops into a tumbler of water, and orders a tea-spoonful every two hours.

There are the methods side by side. Compare them. The allœopathist relieves nature staggering under a load too heavy to bear, the homœopathist administers a remedy, which in full doses will, he believes, aggravate the complaint—and whichin the doses actually used, only a worthy candidate for Bedlam could conceive capable of producing the least effect.

It becomes a matter of interest to know how Jahr's Manual, on which homœopathists so implicitly rely, was composed. Page 144 of the Organon tells us: "Any one, even of those

medicines whose virtues are considered weak, is now found to be most advantageously investigated, if from four to six minute saccharine globules, impregnated with the thirtieth dilution, be given to the experimenter, every morning fasting, and continued for several days." Now we merely hint, that imagination may have had a slight share in the origin of the manifold pathogenetic effects detailed in that veracious and inestimable book.

It is remarkable that cinnabar and corrosive sublimate and muriate of baryta, and muriate of gold, have a much smaller space allotted to their effects, than sulphur and chalk, and chamomile and pulsatil, and flint—which are commonly classed among nearly inert substances. So much for homœopathic semeiology.

The next point on which Hahnemann lays stress, is that of the incompatibility of two similar diseases. Since, however, Satan is here divided against himself, we will leave this part of his kingdom to fall without discussion.

The last remaining point in Hahnemannism is the size of the doses. We need only briefly advert to it, before a society composed of thinking practical men, who are already as well acquainted with it as they wish to be. It is the point to which homœopathists in this country, feel ashamed to acknowledge their full adhesion, and they squirm and wriggle like a salted leech when it is pressed home upon them. Nevertheless, we have quoted Hahnemann's own words, which he repeats and amplifies to complete stultification, in his work on Chronic Diseases.

Mathematicians have gone into erudite calculations of the number of Caspian Seas requisite to make the thirtieth dilution. It is certain that notwithstanding the strictest regard to the prescribed regimen, which excludes tea, coffee, acids, salt meat, and many more edibles and potables, the patient neutralizes his medicine a hundred times a day. Does he drink a glass of water? Unless it is distilled, he swallows a quantity of saline matters sufficient to overwhelm the medicine.

And if he inhale the ethereal potence, in a room which has ever contained a bottle of cologne, what becomes of the simple unity

of the homœopathic dose? Half the fragrant odours of the perfumer enter his nasal organ with it, and sadly disturb its salutary operation on his spiritual economy.

Hahnemann exultingly points to the deadly potency of a drop of concentrated prussic acid, in proof of the activity of as much of the thirtieth dilution of clam shells. It would not surprise us to hear him affirm, that the electricity in a cat's back can cure disease, *because* men have been killed by lightning. We should like, if we had time, to answer and explode his vaccine, and small pox, and typhus fever illustrations, but the fear of exhausting your patience, warns us to draw our remarks to a close.

And in concluding this lengthy, and somewhat rambling essay, which would have been shorter and more consecutive had leisure during the past week permitted, the writer cannot omit a word or two respecting his personal experience and observation.

It is known to some of the gentlemen of the Society, that we commenced our professional studies under the auspices of a votary of the new science. Ignorant of the first principles of the rational healing art, struck with the plausibility of the theory, (for it *has* plausibility) and unversed in any save homœopathic practice, it is not surprising that, with the confidence of partial knowledge, we zealously maintained our preceptor's dogmas. A course of medical lectures and clinical observation, soon shook the pillars of our faith, which presently toppled down headlong under the conviction induced by a series of experiments, and a perusal of standard works; so that after a year and a half spent in assiduous cultivation of homœopathy, in researches among allœopathists for illustrative and corroborative facts, as we fondly hoped not without success, we abandoned it as an intangible chimera, a shadow of a shade, and have remained till to-day its undisguised contemner, its uncompromising foe. Having been behind the scenes, we can speak positively of *American* homœopathy.

And we charge American homœopathists with recreancy to Hahnemannic infinitesimalism.

Indeed, Germany is the sole country on the globe where that octrine could flourish vigorously. A country where thought on

political subjects can have no vent, because of the *surveillance* of the censorship, and because of an organized all-pervading system of *espionage*, almost demanding the secrets of men's hearts, is just fitted to foster metaphysical vagaries of the wildest order, rivalling in their fantastic gambols the poetic flights of Grecian and Roman mythology. Kant, and Hegal, and Fichte and the rest of the German metaphysicians, are no more transcendental than Hahnemann. What in their line can surpass the doctrine, that as the soul is the active principle in the body, so the matter of medicines merely encloses a spiritual essence; and as the soul must be freed from its gross corporeity to exhibit its full perfections, so the matter of medicines must be divided infinitesimally to allow their spiritual essence to work best on the human spirit?

Who of the ignorant bu thard-to-be-cheated crowd, that adulate homœopathy and its founder, would swallow so gossamer an idea as that?

It will not go down with our Yankees, nor can the practitioners themselves believe it. Accordingly, instead of the thirtieth dilution, they prescribe the first dilution and trituration, or even the mother-tincture * Instead of repeating the doze every four, eight, twelve hours, or forty or one hundred days, they give it every hour or two. Instead of being satisfied with a single remedy suitably selected, they administer several successively, marked one, two, three, four, &c., a combination which in Hahnemann's view would be as abominable as Theriac.

We charge them, moreover, with violating public confidence, and betraying their want of faith in their system, by frequently falling back on allœopathy, sometimes openly, oftenest fur-

*We saw lately some homœopathic pills, quite as large as any noticed in Wood and Bache. It has been discovered that the minute globules are very provocative of ridicule, and hence the substitution of pills of respectable size

tively.* We venture to affirm from our knowledge of a universal custom among the fraternity, that not a man of them, whether here or elsewhere, hesitates to administer or to take on occasion a purgative, an anodyne, or even that object of popular antipathy, calomel.

A friend of ours was once called to a homœopathic patient profusely salivating from the effects of sugar powders. And to this we may add our acquaintance with a similar and most distressing case, in which the patient protested that she had taken homœopathic medicine, because it contained no calomel.

We have a vivid recollection of the many instances in which morphine has been given in our presence, as a *homœopathic* medicine to allay pain.

We confess to having administered, during our tutelage, and in moments of wavering faith, for an attack of colic, first nux

*The following incident is in point:—

DEATH FROM TRIFLING WITH HOMŒOPATHY.—A coroner's inquest was held in Stockport on the 18th of July inst., on the body of Martin Van Sickler, who came to his death on Friday last, under the following circumstances. He called on Dr. John H. Philip, a homœopathic physician, for some pills for a pain in the side, &c. Dr. Philip gave him two vials of pills, one containing twenty-four, the other thirty-two pills, with written directions to take one three times a day, and if it produced any burning pain, then to take but one half of one at a time. It seemed from the testimony on the inquest, that Van Sickler's illness was feigned, and that there was an understanding between him and Dr. Schermerhorn, of Stockport, that he should get the pills and take them, for the purpose of ridiculing Dr. Philip and his medicine. Dr. Schermerhorn assured Van Sickle, that he need not be afraid to take the whole lot, as they would hurt no one. Accordingly, Van Sickler took the whole of the pills, under the advice of Dr. S., and the result was his death about one o'clock the next morning.

Dr. Philip testified that he was called on the night of the 16th, by Dr. Schermerhorn, who wished him immediately to go and see deceased. Dr. P. told him it was useless if he had taken all the medicine he sent at once, as it would produce death.

According to the testimony of Dr. Witbeck, of Hudson, the diseased came to his death by taking an over-dose of strychnine and arsenic pills. Accordingly the jury found that he so came to his death by taking the medicine contrary to the direction of Dr. Philip.—*Kinderhook Sentinel.*

vomica, to be followed in an hour by colocynth, backed up as a last resource by a stiff dose of morphine.

A druggist informed us, that he was personally cognizant of a case, where the powders, professedly homœopathic and prescribed for a child, contained croton oil.

Hahnemann opposes anthelmintics, but that does not deter his followers from using them liberally.* Our philosopher appears to have resembled Saint Augustine. It is related of the holy father, that when certain parasitic insects fell from his head, he picked them up tenderly, and, in quite an uncle-Toby-like temper, replaced them saying, "poor beast return where thy Creator and mine intended thou should'st reside." Hahnemann had in like manner a fellow feeling for intestinal worms, which his followers incontinently expel.

Farther, we charge them as a body, with wanton falsification. They, forsooth, cure every malady. We have heard them boast of never losing a case of scarlet fever, convulsions, &c. when, we knew of several that they had lost thereby. They tell stories of any complexion to suit the taste of their auditors. They persuade the timid that their medicaments are harmless, should they do no good,† and to the incredulous, on the score of doses, they pretend that the same medicaments are highly concentrated, and endued with terrible energy.

They magnify little diseases by conferring on them sounding titles. A catarrh is with them inflammation of the lungs;

*Organon, p. 12.

Hahnemann also, (p. 90) expressly excepts surgical diseases from the sphere of his operations, but one of his followers in this city advertise to cure such diseases without the aid of the knife, and actually gave powders for months to promote the absorption of fatty tumours!

Another allowed retention of urine to exist for a whole week in a woman after confinement, and at length acknowledging the necessity for surgical interference, excused himself *on the ground of having no catheter.* The gentleman who was then called, drew off *six quarts* of urine.

†A zealous advocate of homœopathy, lately strenuously denied, in our hearing, on the authority of her physician, (homœopathic) that they ever used poisons.

a diarrhœa, inflammation of the bowels; a gastric headache, inflammation of the brain.

It was so, doubtless, that they cured so much larger a proportion of cholera patients, than their competitors. An authentic case in point occurs to us. During the prevalence of cholera, a woman was picked up at night in the streets of Munich, and carried to a private homœopathic hospital. She was comatose. The sisters of charity, who undressed her, reported with pale faces that she was *in articulo mortis*, for that her lower extremities were already livid. Homœopathywas applied apparently with success. Next morning, the doctor called his friends to witness the miraculous cure, when lo! it was ascertained that the woman had been drunk, and that the blueness of her legs was owing to her having worn stockings of that colour.

In fact, they rarely have a case of acute disease to treat, the symptoms of such diseases generally frightening the patient and his friends into calling a physician, who will "do something," as the phrase is.

Homœopathists plume themselves on their success in securing the patronage of the rich, forgetting that the fact makes against them, since that class are little exposed to the invasion of acute diseases, while they *are* the victims of hypochondria, hysteria, and the various forms of nervousness.*

When indeed inflammation of an important organ falls into homœopathic hands, its course being unchecked, its end is la-

*The extirpation of quackery can only be effected by enlightening the people; and no object is more worthy of the kind attention of beneficent men who have bequests to make. Instead of pouring their superfluous wealth into the coffers of already plethoric institutions, we would respectfully suggest that some of them bestow means to found lectureships for the free and general diffusion of popular information upon Anatomy, Physiology, Pathology, and the grand principles of the treatment of disease.

When they have learned the capability of unassisted nature, often to correct aberrations from a state of health, as in fevers, and in slight inflammations, the public will cease to rely on the futilities of infinitesimalism, or to believe that because recoveries sometimes occur after the use of quack nostrums, they are necessarily attributable to them.

mentable, unless unassisted nature be competent to expel it. A gentleman of this Society, has now in treatment a case of severe pnuemonia, where a homœopathist attended during an entire week, diligently plying, we presume, his aconite, pulsatilla and bryonia; in spite of which the disease had marched steadily on.

And herewith we bid adieu to homœopathy, a system holding to singleness of prescription, yet itself compounded in equal proportions of fraud and folly; advocating minuteness of dose, yet commending immense doses of nonsense to the gullibility of its patrons; claiming to be strictly scientific, and to demand the profoundest learning from its professors; yet well and properly practised by a crazy old woman, who has furnished herself with a medicine chest, and a homœopathic pamphlet. Time will overthrow this mansion of mud, which the rats who inhabit it expect will be eternal. Let them beware lest it tumble down about their ears, and bury them in its ruins.

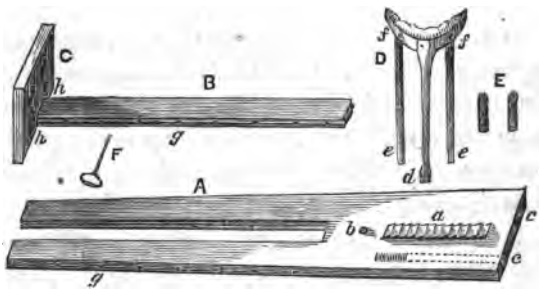
May the profession, as heretofore, be true to themselves and their noble art, opposing quackery in its every manifestation, and despising, in the consciousness of a manly integrity, whatever present disfavour a foolish public may therefore show them.

Thus will they touch, as with the spear of Ithuriel, the lying toads that have the ear of the world, and Time at length will be their vindicator.

Newark, May 4, 1847.

THE SELF-ADJUSTING OR SELF-EXTENDING SPLINT, FOR FRACTURES OF THE OS FEMORIS.

By Samuel Woolston, M. D.



A. Main shaft. B. Grooved slide. C. Foot board. D. Perinæal crutch. E. Spiral springs. F. Pin to attach shaft and slide. a. Ratchet for spring d. to play upon. b. Button to attach strap from f. f. c. c. Holes containing spiral springs. d. Steel spring to play upon ratchet, a. e. e. Legs of crutch to press upon spiral springs in holes, c. c. f. f. Buttons for strap fastened at b. g. g. Holes for pin, F. h. h. Holes on foot board for gaiter straps.

This splint, to fit a common sized man, should have a main shaft about twenty-six inches long, four inches wide at the superior, and three inches at the inferior end, and nearly one inch thick, with bevelled edges. In the centre of the inferior end is an open tongued mortice, fifteen or sixteen inches long, and an inch or more wide. In the superior end are two parallel auger holes, an inch or more apart, running lengthwise with the shaft, and seven or eight inches in depth, between which externally is a steel ratchet, seven or eight inches long. A grooved slide is made to fit and move in the mortice of the main shaft, as a means of adapting the splint to a limb of any length. At the inferior extremity of this slide is attached a square foot-board, perforated with four holes. When the required length is obtained, the slide may be fixed by means of pins passing through holes which perforate it in its whole length, at about an inch apart, communicating with three or four holes at the inferior end

of the slide. A pair of spiral springs is placed in the auger holes at the upper end of the main shaft; which constitute the extending power. A padded crutch of the same width and thickness of the shaft, is placed at its superior extremity, having two legs or rounded slides adapted to play in the auger holes containing the spiral springs, and intended to press upon them when the splint is applied to the limb. On the exterior side of the crutch is a steel spring or hand, which plays upon the ratchet on the corresponding side of the shaft, in order to secure all the extensive power of the springs. A few knobs or buttons on the bevelled edges of the splint, and one on each end of the perinæal crutch, are convenient to attach straps or bandages to, for securing the splint to the thigh, and for other similar purposes. Before applying this splint, the patient should be placed in a recumbent position, his injured limb extended and abducted eight or nine inches out of a straight line with his body, and a gaiter put upon the foot and ankle, with the bandage of Scultites to the thigh; the padded crutch should then be pressed down upon the spiral springs, so as to rest upon the superior end of the shaft, and be placed against the perinæum; the gaiter is next fastened to the block at the inferior end of the grooved slide; the length of the splint should now be adjusted, and secured by the pins in the bevelled edge of the shaft; the proper degree of extension will be known by the straps of the gaiter being drawn tight, and by the pad pressing firmly against the perineum. Three short splints should now be applied to the thigh, one posteriorly, one anteriorly, and one externally, and be safely secured by straps or bandages attached to the main splint. The padded crutch should be liberated from its close attachment to the shaft, so as to admit the free motion and force of the spiral springs; and the whole limb should be placed upon a soft pillow or bolster. To each splint there should be four springs, one having a force of three, one of six, one of nine, and one of twelve pounds, so that the surgeon can regulate the power of extension according to the requisite demand. No more extending power should be applied, than is necessary for the successful treatment of the case; and we believe that very little

is necessary, after ossific matter begins to be deposited around the fragments of the fractured bone.

The mechanism of this splint, I think has been made to correspond with the mechanism of the thigh; the extension is from the perinæum, and counter extension from the ankle. When a person lies in a horizontal position or sits upright, with the thighs in contact, the distance from the trochanter to the condyle of the os femoris, is much greater than from the perinæum to the condyle of the same bone; but let the thigh be abducted to its fullest extent, the distance from the perinæum to the condyle will be as great, and sometimes greater than it is from the trochanter: this length is gained at the perinæum, therefore the extending power should be there; such is the arrangement of this apparatus, while the retaining power is there also. Let abduction take place either by the motion of the limb or of the body, the length of the splint will adjust itself to the increased length of the thigh. If the counter extending bands become relaxed, it will also tighten them. If perpetual extension will keep a fractured thigh from becoming shortened, this splint will accomplish that end. In luxation of the hip-joint, I see no reason why the lever can not in some instances be used, instead of the pulley or other means of extension for the purpose of reduction. I do conceive that a luxation could be reduced by first abducting the limb to its fullest extent, then taking an ordinary crutch, and pressing the pad on the perinæum of the sound side, fastening the knee or ankle securely to the shaft, and then abducting it; an extension of three or four inches could be obtained in this way. Any person, with common intelligence, could produce an extending power of more than a thousand pounds, if required, being directed by the surgeon, while the latter would be at liberty to manage the thigh according to his pleasure. I have never treated a dislocation in this way, but all the cases of fracture of the os femoris, where the self-adjusting splint has been used, have terminated without deformity.

Vincenttown, September 8th, 1847.

NOTE.—Dr. Woolston's splint has certainly the merit of simplicity in its construction, and may be very conveniently carried

from place to place by the country practitioner. The Doctor has kindly left one with us, and shown us a recommendatory certificate signed by several physicians of this county. We hope the apparatus may be fairly tried.—Ed.

REMARKS ON DISSECTING WOUNDS.

By Henry Hartshorne, M. D.,

Resident Physician to the Pennsylvania Hospital.

In these affections, the writer has had some positive expeience; having been twice very severely affected, besides seeing and being cognizant of several cases among the residents and nurses of the hospital at different times. The first of my own attacks, and the most serious, was caused by *pus* from the *living* body; the other was strictly a dissecting wound. A full account of the former was published in the American Journal of Medical Sciences, for April, 1846.

From these cases, then, carefully studied, I infer:

1. That there *is* a poisonous property in many dead bodies, and in pus and other morbid products of diseased living bodies, which makes it dangerous, much more to some constitutions than to others, for these matters to touch the abraded skin. I am aware that this is doubted by some very respectable physicians, who ascribe the symptoms in all cases to the state of the constitution of the person; asserting that exactly similar effects have resulted from slight wounds of any kind, where a virus could not possibly be suspected.

Such cases have occurred, doubtless; such idiosyncrasies or vitiated states of body, rendering *any* injury serious and perilous, do exist. But from the history of my own system, and its accidents alone, I am thoroughly convinced, that there is a cause, *external* to the body, vastly more liable to be followed by painful and dangerous results than any mere wound ever is.

2. That the affection, certainly in my case, is *inflammatory;* and commences with inflammation of the *lymphatics*, which absorb the poisonous matter, and carry it along their trunks, lighting up inflammation even to the axilla or farther.

The evidence of the distinctness in character between this angioleucitis and *erysipelas*, is also plain. They may exist together; violent erysipelas is almost always accompanied by angioleucitis; but the one is inflammation of the skin, diffusive, general; the other of one set of absorbents only, and often clearly marked by locality in them alone. I have seen, in my own person, and in repeated instances in patients, a considerable inflammation of the lympathic vessels to the whole length of an arm or leg, with *no* diffuse inflammation of the skin whatever, and therefore without erysipelas.

3. In my first case an abscess formed in the axilla, three weeks after the wound. Now this was not a *metastatic abscess*, from *transfer* of pus from the inflamed hand, or even from the original pus inoculation; it was the result of violent lymphatic inflammation, *terminating finally* in suppuration. This is proved clearly by the length of time which elapsed before its appearance, and the complete hardness of the tumour for a week or two after it became apparent and painful.

4. From this establishment of the inflammatory character of the affection, then, it is to be deduced of course, that the treatment should, as a general rule, be antiphlogistic. There may, however, be constitutions whose want of vigour requires that depletion and reduction should be only local; I have seen no such instance yet.

In my second attack, I was at once more freely depleted, and dieted more perseveringly than in the first; and the constitutional symptoms were much less violent and protracted.

The recovery of George O'Brien, assistant nurse, may illustrate what I believe to be the best mode of treatment.

The day after the side of his thumb was punctured by a needle in sewing up a body, it swelled and grew very stiff and painful, and redness followed the lympatic lines up to the arm-pit.

He at once was directed to take an ounce of epsom salts, and

knock off all animal food, (his fever was not high enough for the lancet,) and also had at once a score or more of *foreign* leeches applied to the thumb. A blister was then put upon the wrist and allowed to vesicate. Cold water was kept to the hand at first, and then simple cerate. I avoided a poultice, because it had increased the pain to torture in my own case. The low diet was kept up, with rest to the arm in a sling. In three or four days he was well.

It may not be amiss to repeat, that a flaxseed poultice increased the agony of my first night of the last attack three-fold, while cold water constantly applied gave great relief. The inflammation in this case took on more the character of diffuse erysipelas; my first was one of pure angioleucitis alone.

On about the fifth day of the former, when the violence of inflammatory action had somewhat abated, and suppuration was contending with a slight tendency to sloughing, great relief and improvement was derived from a blister which my father directed immediately over the back of the hand, then enormously swelled. It finally pointed, and was opened almost exactly over the first joint of the fore-finger. For two or three days a bloody sanious pus was discharged, and, for two or three weeks, serum to the amount of a teaspoonful daily. A sinus, which existed through to the palm of the hand, finally closed, and the opening healed up. A great deal of lymph was thrown out, fastening all my fingers, especially the fore-finger and thumb, in false anchylosis; gradually it was all absorbed, except that which glued together the perforans and perforatus tendons of the affected finger. This remains yet, after several months, so that I have no flexor power over the last two phalanges of that finger, although the joints are perfectly free and limber.

8th mo. 23d, 1847. I find upon my notes that I just escaped another attack, threatened in consequence of the *prick* of a *pin*, while dressing cases in the ward. As the puncture was not deep enough to draw blood, I had paid no attention to it. In all instances in which I have thoroughly *sucked* the wound instantly, no symptoms have resulted. I believe this preventive more effectual than caustic. Here, however, so great was my

susceptibility, that in from twelve to sixteen hours the red line reached the axilla; but rest, low diet, mild purgation; a *ley* poultice, or rather a piece of lint soaked in ley and covered with oiled silk, applied to the part, but still more important, *foreign leeches and a blister*, arrested it completely.

The manner in which a blister acts upon a recent case of angioleucitis is not obvious, but several instances of its efficacy have been narrated to me, and above are two similar. The best place for it appears to be about the middle of the inflamed *line*—say about five inches by two.

By attending to the precaution of instantly sucking with care a dissecting or pus wound, there is reason to suppose that a large majority of these unpleasant, and occasionally fatal, inflammations might be altogether prevented; but after they have commenced, no delay should be allowed in the immediate application of at least free *local depletion*, and the observance of perfect rest.

REMARKS ON THE APPLICATION OF THE VAPOUR OF SULPHURIC ETHER IN PRACTICAL MEDICINE AND OBSTETRICS

By the Editor.

In the report of the Standing Committee of the New Jersey Medical Society, which will be found in another part of this journal, several pages are allotted to the detail of experiments with sulphuric ether in surgical operations, &c. Since the period when these experiments were tried, the evidence in favour of the ether inhalation has been constantly increasing, with such authority and force, that we devote a few moments to its further examination. In surgery, its use has been sufficiently tested, by some of the most distinguished surgeons of this country and Europe, to entitle it to general confidence in judicious hands. And

while it is freely acknowledged that the remedy is not admissable in all cases, and that in several instances it has been productive of ill consequences, we believe it is right to give it a fair trial, particularly as the discovery is of American origin, and has been so extensively praised abroad. It would indeed be strange if no bad results had followed the administration of this powerful agent, having been freely employed by men who make no pretensions to physiological or pathological knowledge, for the purpose of allaying the pain of a mere mechanical operation, the performance of which requires no such knowledge.

As yet, but little is known of its therapeutic action. The last number of Ranking's Abstract furnishes intelligence that it has been used in six cases of tetanus. In the first two the symptoms were decidedly aggravated, and the patients died in paroxysms of extreme suffering. In two more, though death resulted, the tetanic symptoms were greatly mitigated. In the other two, the effects of the inhalation were to subdue the pain, and to relieve the spasms, terminating in complete recovery. It has also been used successfully in the treatment of neuralgia, spasmodic, asthma, laryngismus stridulus, hooping cough, colica pictonum, and dysmenorrhœa.

We have only space to remark further upon the most interesting quality possessed by this agent, to wit, its power of controlling the pains of child-birth.

Reference is made by the Standing Committee to cases which occurred in the practice of Prof. Simpson, which terminated favorably under the ethereal influence. This gentleman, to whom is due the honor of first administering the remedy in obstetric cases, continues to employ it in the Royal Maternity Hospital, and we have before us his report of several cases of forceps delivery, which terminated to his entire satisfaction. We pass them by, however, to refer to cases narrated by Dr. Protheroe Smith, which are taken from the London Lancet, of May 1, 1847, by the editor of the "Half Yearly Abstract."

The first of these was a female, æt. 40, with her first child. The ether vapour was administered at intervals during a period of four hours, with an entire relief from pain while under its in-

fluence, though with a return of suffering, when the effect of the vapour had passed off. The forceps were used during a period of insensibility, and a living child extracted without the knowledge of the mother. On recovering her senses, she expressed a hope that the child would soon be born, and when informed of the termination of her troubles, she burst into a hysterical laugh, exclaiming, "It is a dream—it must be a dream," &c. Both mother and child did well in every respect. In another instance, Dr. Smith states that the effect of the ether was materially to increase the strength of the uterine and abdominal contractions, the patient uttering the usual cries of the last stage of labour, but positively denying having been aware of its termination. In concluding his account of these cases, the Dr. acknowledges the truth of the following deductions of M. Dubois, viz:

1st. That the ether prevented pains during obstetrical operations.

2d. That it does not suspend uterine or abdominal contractions.

3d. That it appears to lessen the natural resistance of the perinæal muscles.

4th. That it does not appear to exert any bad influence on the life or health of mother or child.

5th. That it does not retard the subsequent contraction of the uterus.

In regard to the admissability of this agent in the complicated process of parturition, we can not speak from experience. We have heard of a few instances where it has been successfully used in this vicinity, but we can not detail them without more positive knowledge. We have also seen cases reported in which the uterine contractions were for a while entirely suspended under its use, but Dr. P. Smith, whose experience we have quoted above, refers this to the impression made upon the nervous system by the novelty of the means employed, as is the result of other strong emotions of the mind, and such as often follows the first appearance of the accoucheur. We believe, however, that the weight of testimony is greatly in favour of the remedy, particularly in its application to surgery, and we hope

it may be thoroughly tried in this country. The mode of administering the vapour is very much simplified. Instead of the numerous instruments which have been invented for the purpose, it is now generally acknowledged among physicians that the safest mode is to inhale through a common sponge, well saturated with the ether, and applied to the mouth and nose. This method allows a more thorough admixture of atmospheric air with the ether gas, and is thought to guard against any danger of asphyxia or other like accidents, though it may probably require a little more time to produce its effect, than would be necessary by the methods first employed.

BIBLIOGRAPHICAL NOTICES.

Proceedings of the National Medical Convention, held in New York, May, 1846, and in Philadelphia, May, 1847. pp. 175.

The first meeting of the National Medical Convention in New York, in 1846, was an event highly conducive to the progress of medical science in the United States. The project of bringing together the representatives of the great medical brotherhood, to discourse upon subjects in which they had a common interest, and to devise measures for the elevation of the Science, though not new, was here for the first time in the history of our country successfully carried out. The movement originated, if we remember rightly, in a district Medical Society in the State of New York, from whence it was carried up to the Medical Society of that State, and received the sanction and co-operation of that body. The individual who was the most active in promoting it, and the most persevering and industrious in arranging the preliminary steps, was Dr. N. S. Davis, of Binghamton, New York, the chairman of the committee of the State Society, to whom the business of calling together the delegates was en-

trusted. To this gentleman, the profession in the United States owes much, for his untiring energy in effecting an object, in the midst of discouragement, which would have baffled the efforts of a man of ordinary ability.

It was with feelings of mingled hope and fear, that the ardent friends of medical reform throughout the Union, looked forward to the contemplated meeting in New York. Many of the gentlemen connected with chartered medical schools, it was well known, viewed it with distrust and suspicion; under a belief that there was a design on the part of its originators and active supporters, to infringe upon their rights, and break down their influence. Others feared that it was a local movement, intended to advance the interests of New York, as the medical centre of the Union, to the disadvantage of other cities, who might aspire to an equal rank with her; while a still larger class, looked upon any combined effort to relieve the profession from growing abuses, and to maintain its honor and respectability, as utterly vain and hopeless. There were, however, many who had a strong and abiding faith in the efficacy of a combined movement on the part of the honest and disinterested members of the profession, and who believed that the time had arrived, when a large number of the brightest intellects in our ranks, were ready to give in their adhesion to an organization, based upon a broad and liberal basis.

Nor were the anticipations of this class disappointed. Whatever of doubt or fear may have possessed their minds, it was dissipated at the coming together of the men who, from seventeen States of the Union, had left their pursuits, many of them at great personal sacrifices, and assembled in New York, determined to make an effort for the elevation and advancement of our noble profession.

Among them were some of the most eminent physicians of the country, the representatives of medical societies and of colleges; the veteran and the tyro, the master and his former pupils, all meeting together on common ground, and animated alike by the feeling of consolidating the medical profession into a national compact, which should exercise a controlling influence over the future progress of the science. With the ex-

ception of a feeble attempt to arrest the course of the Convention, which occurred at its first session, and which was promptly and almost unanimously voted down; there was a unity of purpose manifested amongst the delegates, which rendered the meeting highly pleasing and encouraging. The proceedings speak for themselves. They were mainly initiative and preparatory, and were on this account, we think, the more judicious. The several subjects of medical education, of medical ethics, and of the organization of a National Medical Association, with several other matters of less importance were discussed, and referred to appropriate committees to report to the next meeting to be held in Philadelphia.

In this meeting, New Jersey, though not officially represented, by the action of the State Society, was so through the courtesy of the convention. Drs. Marsh and Lyndon A Smith, who were present, being invited to take seats as members.

The success of this meeting soon diffused throughout the Union, a new stimulus to exertion in the cause of medical reform, and the proposed meeting in Philadelphia, in the following year, was anticipated not only with favour, but with enthusiasm by many who were lukewarm or indifferent to the first convention.

The profession now felt that an earnest and well organized movement was set on foot; and that important results must ensue. The grand idea of a National Medical Association which before had existed only in the imagination of a few enthusiasts, was now developed into active being. Before this feeling, all local jealousies and petty rivalries melted away, and the great mass of the medical body felt that a new channel was opening for united labour in the cause of science and humanity. Medical Societies began to spring up in sections of the country, where the profession had before been scattered and divided in their feelings and interests; and many of those which already existed, were animated with renewed vigor.

Had the meeting in New York produced no other effect than to stimulate physicians throughout the country to organized action, it would have accomplished a grand and most desirable

object. The medical colleges, too, felt the influence of the movement, and almost unanimously determined to move onward with the advancing tide, which threatened to overwhelm those who were not borne upon its bosom.

It was soon perceived that the meeting in Philadelphia must exhibit an imposing array of the intelligence and moral worth of the profession, collected from all portions of the Union; and the delegates in that city, entering with spirit into the feeling which pervaded the country, determined that nothing should be wanting on their part, to give character and importance to its deliberations, and to secure to their friends the most complete and elegant accommodations. Those whose privilege it was to be present at the Philadelphia meeting, will not soon forget the imposing and tasteful appearance presented by the Hall of the Academy of Natural Sciences on the occasion.

There were collected from twenty-three States of the Union, the representatives of the medical community, coming together for the promotion, not of their private interests, but for the good of the whole—and nobly did they manifest the spirit which actuated them. The proceedings of the convention, as reported in the official document before us, cover one hundred and seventy-five pages, and evince a degree of labour and research on the part of the several committees highly creditable to them.

The reports were presented on the following subjects, viz: On the Organization of the National Medical Association; On the adoption of an elevated and uniform standard of requirements for the degree of M. D.; On the Preliminary Education of Students of Medicine. On a Code of Medical Ethics; On the propriety of the union of the business of teaching and licensing, &c.; On the registration of Births, Marriages and Deaths, and on Medical Nomenclature.

As many of our readers may not be able to procure a copy of the official proceedings, we shall publish such portions of these reports as our limited space will admit.

It would perhaps be premature at present, to speak of the results likely to flow from the organization of the National Medi-

cal Association. The signs of the times, however, even now, indicate the most encouraging and substantial benefits to the cause of Medical Science. Already two of the oldest and most renowned medical schools in the country—the University of Pennsylvania, and the College of Physicians and Surgeons of New York—have given in their adhesion to this new medical organization; and have modified their courses of instruction in accordance with its recommendations, at least, so far as was immediately practicable.

The following extract form the last annual announcement of the University of Pennsylvania, defines the position of that celebrated school.

"Since the last annual communication of the Faculty, an occurrence has taken place of great interest to the Medical Profession, and likely to exert no little influence over the future character of medical instruction in this country. A Convention of Physicians, representing medical bodies in almost all sections of the Union, assembled in Philadelphia in May last, to take into consideration the various interests of the profession, and to adopt measures calculated to sustain and elevate its character and usefulness. It is believed that, in relation to its numbers, and the standing of its individual members, the late convention has never been equalled by any assemblage of medical men upon this continent. The recommendations of such a body are entitled to the highest respect; and, though it may not be practicable to carry them immediately into full effect, yet, as they have the general good only in view, it would appear to be incumbent on all to enter into their spirit, and by cordial efforts to prepare the way for the ultimate attainment of their objects. The Faculty recognise this obligation, and propose to act in accordance with it."

The Medico-Chirurgical Faculty of Maryland, the Medical Societies of the States of Delaware, Ohio and Connecticut, have also entered heartily into the measures of reform recommended by the National Association.

New Jersey will doubtless follow in the track, when she shall have an opportunity of declaring her views. No state in the Union has maintained a more steady and uninterrupted system of organization, and in none has the desire for the improvement and elevation of the science, been more manifest. To the next

semi-annual meeting to be held in Burlington, will belong the duty of acting upon the suggestions of the Convention, and of receiving the report of the delegates.

That this action will be such as the occasion calls for, and that the New Jersey Society will participate heartily in all practicable measures for elevating the standard of medical education, and for maintaining the honor and respectability of the medical calling, we do not entertain a doubt. The active interest of the Society in the doings of the Convention, and the spirit which has long animated its members, furnish the surest guarantee of its future course.

A Treatise on the Practice of Medicine. By GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania; one of the Physicians of the Pennsylvania Hospital. In two volumes. Philadelphia; Grigg, Elliott & Co., 1847. 8vo., pp. 798, 840.

The limited space allotted in our journal to the review of new medical books, will preclude an extended notice of this valuable work. In our humble judgment, it is the best treatise on the Practice of Medicine, which has issued from the American press. Containing a vast amount of practical information, combined with much lucid and philosophical reasoning upon important questions of pathology, and opening to the mind of the reader a field for observation and reflection. It is not, like other similar treatises, a mere compilation of the opinions and observations of others, but comprises many facts and opinions, the result of the author's personal experience. The arrangement of the work strikes us as peculiarly comprehensive and perspicuous.

Take for example the first chapter on the "Constituent forms of Disease." Upon this branch of the subject, Dr. Wood remarks:

"Diseases, viewed superficially, appear to be exceedingly numerous and diversified; but, when subjected to analysis, they are found to consist of a comparatively few constituent states of derangement, by the combination of which, in various modes, in relation to number, seat, and degree, that almost infinite apparent diversity is produced. These constituent morbid states bear to diseases, in their ordinary forms, the same relation that the proximate principles of organic bodies bear to these bodies as found in nature; the same, for example, that sugar, starch, gum, &c., do to the bark or root containing them. That they are themselves necessarily simple or elementary is not maintained. Efforts have been made to reach the elements of disease; but not very successfully; because we have not yet learned the essential nature of the healthy actions, and cannot, therefore, understand their derangements. But, though we cannot push analysis satisfactorily to the absolute elements, we are able to appreciate to a great extent their less complex combinations, forming the proximate ingredients of those numerous associations of morbid states or actions usually called diseases. It may be admitted, as a self-evident proposition, that all diseases have their seat in the fluids or solids of the body, or in both."

The subjects treated of in this chapter are, Diseases of the Fluids, Diseases of the Solids, Irritation, Inflammation, Depression, Congestion, Fever, and the peculiar Morbid products, of Tuberculosis, Melanosis, Cysts, &c.]

The part which these morbid conditions play in the history and progress of diseases is lucidly set forth, and much of the confusion and mystery which perplexes the mind of the student at his first entrance upon the study of the subject, is thereby avoided. We notice that Dr. Wood devotes a copious section of this chapter to treating of *depression*, as an element of disease.

Depression of the vital powers, occurring as a primary affection, or as the immediate result of external causes acting upon the nervous system, is not usually admitted to a prominent place in our systems of pathology, whereas it is the most serious and important affection in a large class of acute diseases.

We are glad to observe, therefore, that Dr. Wood has de-

voted so much space to the elucidation of the phenomena, effects, &c., of this morbid condition. The manner in which depression may induce congestion, and thus mislead the practitioner into serious errors of practice, is thus explained:

"A depression in the action of the heart, without a corresponding depression in that of the extreme vessels, necessarily causes the blood to accumulate in the large venus trunks, and in the organs in their immediate vicinity. The heart cannot send forth the blood so rapidly as it passes from the extreme arteries into the venous ramifications, and thence into the larger vessels, in its return towards the centre of the circulation. Hence arises engorgement or congestion of the venæ cavæ, the liver, brain, &c., which is a frequent attendant of diseases of debility, and is sometimes viewed, though I believe erroneously, as the most prominent symptom, and that from which most danger is to be apprehended. Such diseases have, therefore, been named congestive diseases; and attention has been particularly directed to the treatment of the congestive condition of the organs, with the effect of calling it away from the real fountain of mischief, the enfeebled action, namely, of the heart. It is not here pretended to be denied, that engorgement of the internal organs does occasionally occur as an original affection, nor that, even when it proceeds from the cause alluded to, it may very properly be the subject of special treatment; but it is highly important, in the latter case that our therapeutical efforts should be directed mainly to the state of the the circulation, or of the general forces, in a failure of which the heart may participate, and that, in attempting to relieve what is nothing more than an effect, we should take care not to aggravate the cause."

Among the lesions which may be referred to a direct loss of vital power on the tissues, Dr. Wood mentions *softening* and *gangrene*, both effects of the two opposite conditions of inflammation and depression.

The evidences adduced of the existence of these states without the intervention of inflammation or excessive action in the part affected, is to our minds perfectly clear, although we are aware that a certain class of physicians may be slow to admit it.

The distinction between softening and gangrene, two conditions which may readily be confounded, is thus pointed out.

In speaking of softening, the author remarks:

"The result is most probably to be ascribed to a direct loss of vital power and action interfering with the healthy performance of the ordinary nutritive functions. In other words, it is a deranged and reduced nutrition of the part. That the softening does not proceed from the absolute loss of vitality, and the entrance of the part within the dómain of chemical laws, is evinced by the absence of fetor, which always attends putrefaction. Softening, therefore, differs from gangrene, though in its extreme forms, it may end in the death of the part. It may arise from the absence of those constitutent particles or molecules upon which the hardness of particular structures depends, as in the case of rachitis, in which the earthy salts are not deposited in due proportion, or from a want of due firmness in all the particles, or of due vital cohesion between them."

We would gladly direct the attention of our readers to other portions of the work of Dr. Wood, which appear to us to present important views of pathology and practice, not generally regarded or taught by medical authors or teachers—but our space forbids.

We can only express the belief that the careful reader will find in its pages abundant material for profitable reflection on the theory of medical science, while he will be introduced into a vast store house of facts, which have been judiciously collected and arranged by an author of enlarged experience, and of enlightened judgment.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From November 1841, *to August* 1846, *inclusive.*

We have before us a work of 492 pages with the above title. We learn from it that the College of Physicians was chartered by the Legislature of Pennsylvania as long ago as 1788, and that among its founders were the most eminent medical men of that period. We notice (with others of their contemporaries) the names of Redman, Shippen, Kuhn, Morgan, Rush, Griffitts, and Wistar. In the third section of the charter, its object is declared to be "to assist and encourage said College in the prosecution and advancement of useful knowledge for the benefit of their country and mankind." We have, however, no information of the doings of this honourable association, embracing within its circle the most eminent masters of the profession, for the last half century, except a small volume of transactions published in 1793, until we find in these latter days an agreement "to publish a bulletin of their transactions, after the example of other scientific bodies, who have adopted the practice with so much advantage to their own interests, and that of science generally." If we rightly understand its position in the Commonwealth where it exists, this College occupies the highest rank; while it has had conferred on it no special privileges, and has received no Legislative endowment of authority or means, it has steadily pursued a dignified and honourable course, until it has earned *for itself* its present exalted standing; being acknowledged by the profession of Philadelphia as their regulator and arbiter in all matters connected with their professional intercourse, and the source to which the Governor of the state, and other civil authorities, look for counsel and direction on questions of public hygiene, or when threatened with visitations of alarming epidemic diseases.

Among those who are now active in perpetuating this venerable institution, we find the names of Hewson, Wood, Hodge, Meigs, Condie, Jackson, and many other able men. The Transactions of the College, contain the sentiments of the most acute and

and judicious practitioners of Philadelphia, upon many medical topics of great interest; as well as the annual reports read before the institution, upon Medicine, Surgery, Obstetrics, Diseases of Children, &c. The discussions upon puerperal fever, the management of the placenta after delivery, upon varioloid, re-vaccination, and many other practical subjects, are especially valuable and interesting. The work as now offered must be exceedingly useful to the country practitioner, who desires to refer to the opinions and experience of some of the most eminent physicians of Philadelphia upon questions of practice, about which he may have doubts or difficulties.

It may be had at Auner's, Marketstreet, near Ninth.

Hoblyn's Dictionary of Terms used in Medicine and the Collateral Sciences. Revised, with numerous additions, by Dr. Isaac Hays, of Philadelphia.

This is a work so concise and cheap that it ought to be in the library of every student and practitioner of medicine. It has passed through two London editions, and now appears for the first time in this country, under the revision of the able editor of the American Journal of the Medical Sciences. It is not a mere compilation of synonyms, nor is it so voluminous as to oblige the reader to search through pages of hypotheses in order to come at the definition of a medical term. Dr. Hays has adapted it to the "wants of the American practitioner," and this fact alone is sufficient to insure for it an extensive circulation. It is published by Lea & Blanchard, of Philadelphia.

A System of Surgery. By J. M. CHELIUS, Doctor of Medicine and Surgery. Public Professor of General and Opthalmic Surgery. Director of the Chirurgical and Opthalmic Clinic in the University of Heidelberg, &c., &c., &c. Translated from the German, by JOHN F. SOUTH, late Professor of Surgery to the Royal College of Surgeons of England, and one of the Surgeons to St. Thomas's Hospital. In three volumes. Philada., Lea & Blanchard. 1847.

The first American edition of this valuable work has just been issued from the press. It is in three large octavo volumes, comprising in all 2107 pages. It has been translated into seven languages; has passed through six editions in Germany, and has long been recognized as the surgical text book of the principal medical schools of that country. It contains a copious analytical index, which adds much to its value as a book of reference for the practitioner, while it is made available to the student by its convenient and systematic arrangement. The translator's notes are very ample, and he exhibits much industry and research in his efforts to impress upon the reader the difference between the surgical practice of the German and English schools, and the grounds of his own choice between them; while the surgical literature of our own country, is represented in the notes of the American editor, Dr. G. W. Norris, one of the Surgeons of Pennsylvania Hospital. The book is a pretty fair compendium of the different modes of treating surgical diseases in the institutions of Germany, England, France and America, and may be considered as the most complete and ample work on surgery extant.

Materia Medica and Therapeutics, including Preparations of the Pharmacopœias of London, Edinburg, Dublin, and of the United States, with many new medicines. By J. FORBES ROYLE, M. D., F. R. S., Late of the Medical Staff of the Bengal army. Member of the Medical and Chirurgical Society of London; of the Medical and Physical Society of Calcutta; and the Royal Medical Society of Edinburg; Prof. of Materia Medica and Therapeutics, King's College, London. *Edited by* JOSEPH CARSON, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy; Member of the American Philosophical Society, &c. &c. *With ninety eight illustrations.* Philada., Lea & Blanchard, 1847.

The extensive opportunity for research in the domain of Materia Medica, which the author of the work before us has enjoyed by his India residence, and his connections with the medical staff of the Bengal army, and the scientific institutions of the eastern world, together with his reputation as a teacher of the science, is a sufficient reason for the publication of another work on Materia Medica. It contains 689 pages; is concise and systematic in its arrangement, and may be very conveniently studied. A notice of some of the laws and nomenclature of chemistry, with an account of the physiology, classification, and medical properties of plants, is introduced into the work, and at the end of every article are arranged brief paragraphs treating of the action, uses, incompatibilities, and doses, so that the reader may see at a glance to what class of remedies any particular medicine belongs, &c., &c. Another convenient and useful arrangement, which we do not recollect to have seen before, is a classification in tabular form of all those remedies which may be used for the same therapeutical purposes, with observations of the author appended. The indigenous Materia Medica of the United States, is faithfully noticed by the American editor, which, together with the numerous plates, adds greatly to the value of the book.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, TENTH MONTH, (OCTOBER,) 1847.

We present to our friends the first number of the New Jersey Medical Reporter. They were promised in the prospectus fifty-six pages, we have given them eighty-four, and intend to make the subsequent numbers no less, so that every subscriber may have at the end of the year a neat volume of three hundred and thirty-six pages for binding. It is without the anticipation of pecuniary reward, that we enter upon the task of publishing this journal; but since our connexion with the profession, we have felt the need of some organ by which the Society may declare its proceedings to the great body of physicians who have not the opportunity of attending its meetings, and who receive only a brief and imperfect abstract of them through some half dozen newspapers of the State. Nor should we have undertaken the duties of our present position, had we not been stimulated to the work by the favourable action of the Society at its late annual meeting, as set forth in the resolutions which form a part of its official proceedings. The medical profession of New Jersey maintains an organization which is believed to be unsurpassed, if equalled, in any other State, for its efficiency and influence. Established by the voluntary association of fourteen physicians in the year 1766, it has since that period been adding to its numbers and strength, until it has acquired a position and reputation among the institutions of our State, which claim for its transactions respect and confidence. In 1816, the Society received a charter from the Legislature, and we proceed to give a very brief outline of its leading provisions.

It authorizes the "New Jersey Medical Society" to "appoint five licensed physicians or surgeons," practitioners and residents

in each or any county in this State, "to form themselves into District Societies, which are also constituted bodies politic and "corporate in law;" these are represented by equal delegations in the State Society, at the annual meeting, when four censors are appointed for each county represented, whose duty it becomes to examine applicants for a license to practise "physic and surgery." Said censors are required to satisfy themselves before proceeding to an examination, that the applicant is twenty-one years of age, and has studied under the "preceptorship of a regular practising physician or surgeon," for the term of four years, and that he has attended one course of medical lectures, or that he has studied three years and obtained a diploma from a college; and if said applicant shall be "adjudged to be duly qualified to commence practice," he is furnished with a certificate of the fact from the Board of Censors, "which certificate, when presented to the President of the Medical Society of New Jersey, shall authorize and empower him to grant a license under his hand, and the seal of the Society;" . . . "for which the said president shall be authorized to demand and receive from the person so licensed, a sum not exceeding fifteen dollars, to be appropriated in such manner as the members of said Society shall order and direct." It is also made obligatory upon those who "undertake to teach the profession to others," to file a certificate with the Secretary of any of the Medical Societies of the State, setting forth the time when the pupil commenced his term of study, the period of filing such certificate to be considered the beginning of his office instruction.

This is briefly the substance of the charter under which the Medical Society and its subordinate branches now exist. It will be the principal object of the New Jersey Reporter to furnish full accounts of its proceedings, the number and names of licentiates admitted at different times, with such of its ancient records as may be placed at our disposal. In addition to the Transactions of the State Society, we expect to make public such valuable papers as may be the property of the District Societies, and to furnish a medium for original communications;

We also propose to lay before our subscribers in the Eclectic department of this journal, a general summary of medical science, such as may be obtained from the various kindred periodicals of this country and Europe. What may remain of space in our pages, will be occupied with Editorial and Bibliographical notices. In conclusion, we invite the co operation of every physician in New Jersey in our humble efforts to establish and support this journal. For ourselves we enter upon the work without experience in such undertakings, and were it not for the aid we anticipate from our brethren, we should hesitate to assume the duties of an Editor: we can only promise to do our part with fidelity, and to them we look for co-operation and support.

THE ENSUING SEMI-ANNUAL MEETING.

The next meeting of the New Jersey Medical Society is to be held in this city; the means of access are numerous and convenient, and we hope there will be a large attendance. We have often regretted that the semi-annual meetings are so small. In order to inspire the confidence and support of physicians in different parts of the State, it is usual to hold these meetings in the several towns that are readily accessible to its members, while the annual meetings are (by law) held at New Brunswick. For this single reason, if there were none more weighty, an effort should be made to increase their interest. The amount of *business* which must necessarily be done at the annual meetings, precludes the opportunity for more deliberative proceedings; and we submit it to the profession, whether these occasions might not be more profitably employed by discussing subjects which are not so intimately connected with the executive duties of the Society. Would it not be well to institute committees on the Practice of Medicine, Surgery, Obstetrics, &c. &c., the reports of which should embrace accounts of various improvements in these several departments? Let these be read at the semi-annual meetings, and they could not fail to increase the usefulness of the Society, and advance the science for the promotion of which it was instituted. The approaching meeting will be one of the

most important that has been held for many years, partly because the present era is one of more than usual importance to the science of medicine, and because the National Medical Convention has adopted a course (which the New Jersey Medical Society will no doubt feel bound to sustain by appropriate action,) with reference to procuring from the several State governments, such legislation as will secure the registration of births, marriages and deaths, within their respective limits; the value of such a measure is ably set forth in the address of the Convention, which will be found in our Ecletic department.

We may add, however, that Virginia is already moving in the work, and that there is good reason to believe that her example will be followed throughout the country. The experiment has been tried in Massachusetts and New York, and so far as we can learn, it has proved successful. In New York, each school district is made a registration district, and the duty of collecting the returns from these, rests with the school trustees, by whom they are transmitted to the Secretary of State, through the County Clerk. It is a question whether this duty ought not to belong to the profession; let one physician be appointed in each township, by the County Court, or other competent authority, so as to have the work in the hands of those who are more directly interested in it, and who really possess more intelligence upon the subject than can generally be expected of others. We throw out these hints for consideration before the meeting arrives, when it will be necessary to take some action in the premises.

The grave questions which are submitted by the Standing Committee, for the consideration of the next meeting, will also add much to the interest of its deliberations. How far those *licentiates* who have given themselves over to systems of practice which are at variance with sound philosophy and experience, should be recognized by the profession, is one of these questions. The other is, to what extent physicians can "humor the prejudices of patients and their friends in favour of false systems of practice without forfeiture of professional standing. We are glad these queries have been suggested by the committee, and we

could not allow the opportunity to pass without inviting the attention of our readers to their consideration.

DR. PEIRSON'S PAPER ON HYDROPHOBIA.

We had fully expected to furnish our readers with this interesting document, but a letter from its author states that he has not been able to prepare it for publication in this number of the Reporter, though we have his assurances that it shall be ready for the next.

CHAIR OF CHEMISTRY IN THE UNIVERSITY OF PENN'A.

We are gratified to learn that James B. Rogers, M. D. of Philadelphia, has been elected to the chair of Chemistry in the University of Pennsylvania, made vacant by the resignation of Professor Hare. Dr. Rogers has been for many years one of the most popular and able lecturers on Chemistry in the United States, and has been connected with several Medical Colleges. His appointment can not but enhance the reputation of the University.

PROCEEDINGS OF THE STATE MEDICAL SOCIETY.

We have not been able to procure as complete a report of the proceedings of the State Medical Society for the present number of the Reporter, as we shall furnish in future. We anticipate that the existence of this Journal, and its identity with the profession of New Jersey, will ensure for future numbers a more detailed history of the transactions of the Society than has ever been recorded. An idea of the true character of its deliberations cannot be formed from a mere abstract of the minutes of the Secretary, however faithful they may be. Our pages are also open to such of the proceedings of the District Societies as may be of interest to the profession at large.

ECLECTIC DEPARTMENT.

The Committee appointed by the *National Medical Convention*, held in May, 1846, to consider the expediency, and (if expedient,) the mode of recommending and urging upon the several State governments the adoption of measures for a *Registration of the Births, Marriages, and Deaths* of their several populations, respectfully

REPORT.

That in their deliberations upon this vitally important subject, the *expediency* of such a recommendation has not for a moment admitted of a doubt. They believe the medical profession of the United States would unhesitatingly and unanimously approve the recommendation, and that such a step, by their representatives assembled in this Convention, would receive a universal sanction.

A uniform and systematic Registration of Births, Marriages and Deaths, appears to be a measure somewhat difficult of accomplishment in populations like ours, and must, necessarily, rely upon the energy and intelligence of comparatively few to carry its provisions into effect, yet it is of such primary importance to the best interests of the people, as to justify our urging its adoption upon the several State governments, with the confident belief that when its merits are once fully understood, all will unite in its support.

With regard to the second branch of the subject submitted to us, the *mode* of recommending the adoption by the several States, of measures for this purpose, there would seem but one course for the Convention to pursue, and that is, to address the State governments upon the subject. To this end, your Committee have prepared a document in the form of an address, which they propose, if accepted, should be signed by the officers of the Convention, printed and properly transmitted.

As this whole subject is one which can, in its primary aspect, be fully appreciated by but few others than the members of the medical profession, it must depend, in a great measure, upon *their* efforts for its successful accomplishment, and where such exceedingly desirable and valuable results are attainable, your committee will not suffer themselves to entertain the thought

that it will be permitted to fail, through negligence on the part of their professional brethren in the different sections of the country.

Your Committee respectfully submit the following resolutions for adoption by the Convention:

Resolved, 1st. That it is expedient for this Convention to recommend to, and urge upon, the various State governments, the adoption of measures for procuring a Registration of the Births, Marriages and Deaths occurring in their several populations.

Resolved, 2d. That a Standing Committee be appointed by the Convention to take a general charge of the subject, and report annually to the Convention.

Resolved, 3d, That the State Medical Societies be requested to assume the duty of carrying out the objects embraced in the first resolution; and that in those States where no organized Societies exist, the delegates therefrom in the present Convention, be charged with the duty for their respective States, and report to the Standing Committee.

Resolved, 4th. That in procuring the Registration, the forms and nomenclature adopted should be, as nearly as possible, similar to those prepared for, and reported to, the Convention.

Resolved, 5th. That the paper hereto annexed, be adopted as the voice of the Convention, be printed, and signed by its officers, and transmitted under their direction to all the State governments of the Union.

All which is respectfully submitted.

JOHN H. GRISCOM,
GOUVERNEUR EMERSON,
A. CLARK,
CHAS. A. LEE,
JAMES STEWART.

Philadelphia, May 5th, 1847.

The United States National Medical Convention, assembled in the city of Philadelphia in May, 1847, desirous of the promotion of the true and vital interests of the people of their common country, in all their varied locations, circumstances and conditions, do respectfully recommend to the governments of the several States of the Union, the adoption of measures for a *General Registration of the Births, Marriages, and Deaths*, which may occur within their respective borders.

No effort need here be expended in elucidation of the more ordinary purposes for which such a Registration should be universally adopted, such as proofs of lineage, rights of dower, and

bequests of property. The importance of these cannot but be perceived on the least reflection.

But there are reasons more profound and far reaching, results more important to the welfare and glory of man, obtainable by this measure, which not only justify, but demand its early adoption, and thorough consummation.

There are two facts to be noticed in this connection, which may not be denied:

First. Upon the circumstanees connected with the three important eras of existence, birth, marriage, and death, are dependant, to a very great extent, the physical, moral and civil condition of the human family.

Second. A knowledge of these circumstances is necessary for a full comprehension of important means for the certain advancement of the population of States, in prosperity and civilization.

To the political economist and vital statist, the laws which regulate and control the lives and destinies of the people of the present, cannot be a subject of indifference,—to the legislator and statesman, ignorance of them is a bar to the full appreciation of their responsibility to the people of the future. The *philosophy of increase of population* is intimately connected with, and dependent upon, the proposed measure, and can be properly learned only from its facts and deductions. In countries longer settled than ours, this science has come to be one of profound importance to those who are called to legislate for the future as well as for the present. For example: The population of England has increased, as the census prove—and the excess of births over deaths leaves beyond a doubt—in a geometrical progression for forty years, and at a rate by which, if continued, it will double every forty-nine years. Whether the means of subsistence keep pace with that increase, or whether the density of population will, ere long, be too great for its area, are important questions to be decided by their own statesmen.

An increase of population has, however, nothing in it irresistible or inexorable; *it consists in nothing but an increase of the births over the deaths*—and will be suspended if the births cease to maintain the same ratio to the population; and the births may always be reduced rapidly, by retarding the period and number of the marriages, without taking into consideration the increase by immigration. Circumstanced as this country is now, with its millions of unreclaimed acres, its exhaustless resources of subsistence and wealth, in its mountains and valleys, in its mines, rivers and forests, it would be judicious to invite, even with the vast immigration to be expected, rather than dis-

courage, an increase of a native population, by encouraging early marriages, provided that thereby immorality or misery in any form, will not advance with them.

But before we can make any recommendations on this subject, or before we can even intelligently discuss it, we must have a knowledge of the facts as they are. By commencing a Registration now, our successors will be furnished with the necessary material in time for any exigency that may arise.

Conclusive evidence is furnished to us of the value of a well-digested system of Registration for the improvement of the people in their moral and physical condition, and in the length of their lives. From the facts obtained thereby, are deducible the rules and inferences of health, and the sources of disease and and premature mortality—many of which need but be known to be avoided. Concident with improvements in the health and condition of individuals, are increase of years, and advancement in private and public morals, and in the strength and virtue of the State.

Among the first communities to establish a system of Registration of Births, Marriages, and Deaths, was Geneva, where it was begun as early as 1549, and has since been continued with great care. The registers are there viewed as pre-appointed evidences of civil rights, and it appears that human life has wonderfully improved since they were kept. The mean duration of life increased more than *five times* from 1550 to 1833; with the increase of population, and more prolonged duration of life, *happiness also increased;* though with advanced posterity marriages became fewer and later, and thus the number of births was reduced, a greater number of infants born were preserved, and the number of adults—with whom lies the true greatness of the state—became larger. Towards the close of the 17th century, the probable duration of life was not 20 years—at the close of the 18th century it attained to 32 years—and now it has arrived to 45 years; while the real productive power of the population has increased in a much greater proportion than the increase in its actual number, and, *Geneva has arrived at a high state of civilization.*

These results, so glorious for individuals, for the community, and for humanity, are derived from the better knowledge and understanding of the science of life and health, the data for which are furnished by the statistics of the Registers.

The information obtained by the Natural History surveys which have been made of many of the States of the Union, is directly interesting only to a very small number;—while the

facts and inferences deducible from a sanatary survey and registration, interest and benefit, directly, the great mass of the people, for all are interested in their personal condition. Thus are produced in them more expanded views of the worth of life, and the necessity for its preservation; a more thorough appreciation of the importance of purity in the principal sources of its continuance, air and food; more attention to the comforts of dwellings and clothing, more refined sensibilities, greater energy, and a better regulated state of public and private morals. These results *have been obtained in Geneva.*

In Prussia these measures are attended to in a mode deserving the highest commendation. Every fact relating to the health, lives and condition of the population, is there collected with great care by a central officer at Berlin, and published for the benefit of the people. The most beneficent results have accrued from the admirably arranged statistical returns made for several years past tin England. Of more than one large town, but of Liverpool especially, it was ascertained that the mortality was great, and the average age at death of the population low, whereas before, the inhabitants had boasted of their salubrity and longevity. The registration has, to them, truly proved the means of increase of health and years, after removing from their eyes the scales which blinded them to their own destruction.

In many of the European states besides those mentioned, facts in connection with this subject are registered, and collated, in the most scientific and systematic manner, and, to use the language of a distinguished American statist, "whatever we Americans may say to the contrary, the average longevity, in many places, where these measures have been in operation, appears greater than with us." Indeed we have no little reason to apprehend that unless something is done to arrest the progress and pressure of the causes of premature mortality in this country, we shall be in danger of possessing only a very young and immature population. The average age of death in many of our large cities, as far as returns enable it to be shown, is under twenty years, a fact which can only be due to the unfavorable physical circumstances of the people, and their ignorance of the true means of living and avoiding disease.

The registers of the ancient Romans, which were preserved with great care, and recorded the births, sexes, periods of puberty, manhood, age of death, etc., kept by order of Domitius Ulpianus, prime minister of Alexander Severus, afford us the means of ascertaining the mean duration of life in Rome nearly two thousand years ago, and comparing this with the re-

sults of estimates made at the present day in places where similar records are kept, we are thus enabled to establish the gratifying fact of the great extension of the average period of human life in various cities and countries.

Of the results obtainable by the suggested measure, in connection with the census returns now regularly made in each of the United States, not the least important and desirable are *tables exhibiting the probabilities or expectation of life.*

By this simple and elegant method, the mean duration of life, uncertain as it appears to be, and as it *is*, with reference to individuals, can be determined with the greatest accuracy in nations, and in still smaller communities. This is important not merely in reference to the payments of life annuities, and the bnsiness of life insurance, whose great value is but just beginning to be felt in this country, but it is of inestimable interest, as determining to individuals their probabilities of living in their different classes, occupations, locations, and habits. "As it might be expected from the similarity of the human organization, that all classes of men would, *cæteris paribus*, live, on an average, the same number of years, it becomes important to ascertain whether this be the case, and if it be not, to determine to what extent life is shortened in unfavourable circumstances. The Life Table answers this purpose, and is as indispensable in sanitary inquiries as the barometer or thermometer, and other instruments, in physical research. Upon applying it to any number of well-selected cases, the influence of any external cause, or combination of causes, can be analyzed; while without its aid, and extended observation and calculation, we are liable to be misled at every step by vague opinions, well-concocted stories, or interested statements, in estimating the relative duration of life; which can no more be accurately made out by conjecture, than the relative diameters of the sun, moon, and planets of our system."*

If these things are so, and of them truth there cannot remain the shadow of a doubt, it is plain that with this measure are entwined the highest earthly interests of humanity, and it belongs to the legislators of the New World, the guardians and custodians of the interests and glory of the American Republic, to consider well ere they longer postpone the adoption of a measure so essential thereto. "A comparison of the duration of successive generations in England, France, Prussia, Austria, Russia, America, and other States, would throw much light on

*Fifth Annual Report of the Registrar-General in England.

the physical condition of their respective populations, and suggest to scientific and benevolent individuals in every country, and to the governments, many ways of diminishing the sufferings, and meliorating the health and condition of the people; for the longer life of a nation denotes more than it does in an individual,—a happier life—a life more exempt from sickness and infirmity—a life of greater energy and industry—of greater experience and wisdom. By these comparisons, a noble national emulation might be excited, and rival nations would read of sickness diminished, deformity banished, life saved—of victories over death and the grave,—with as much enthusiasm as of victories over each other's armies in the field; and the triumph of one would not be the humiliation of the other, for in this contention none would lose territory, or honour, or blood, but all would gain strength."—*Idem.*

A case of complete Placenta Prævia, turning with Perforation of the Placenta—Death on the third day by Puerperal Fever. By WILLIAM C. ROBERTS, M. D., Editor of the New York Annalist.

We little thought, when we presented to the readers of this Journal the review of Negrier's work upon the complication which forms the subject of the following history, that it would so soon fall to our own lot to test the value of the practice therein recommended, and of our own comments upon its merits. But so it is. Ours is a profession teeming with emergencies; for all of which, it behooves every one who undertakes to engage in the responsible duty of the obstetrical art, to be always prepared.

Mrs. S., aged about 26, the wife of a respectable tradesman living in Division street, an amiable and exemplary woman, was, when about seven months gone in her third pregnancy, the subject of a small uterine hæmorrhage, occurring without particular cause. A sanguineous discharge continued for about three weeks afterward, and then ceased spontaneously. In a week afterward, while asleep, she was awakened by a discharge of blood of very considerable amount, which was shortly succeeded by a third. At this time I saw her, and, the hæmorrhage having ceased, cautioned the husband as to the possible gravity of the occurrence, and advised complete repose, &c., until the natural period of delivery should arrive. I have reason to believe that this advice was not attended to. Having taken a dose

of physic upon the morning of August 18th, she was, while under its operation, surprised by a gush of blood, equal, it is said, to two quarts. She rose from the chamber, lay down upon the floor, and fainted. When I reached her, she had revived, and the hæmorrhage had ceased. She was pallid, the skin of moderate warmth, *and the pulse*, not weak, *but remarkably quick and frequent.* I placed her upon the bed; examined; found the neck long and thick; the os dilated to the size of a two shilling piece, not very dilatable, and above it, as far as I could reach in every direction, by such examination as I deemed safe, the placenta. I plugged the vagina very acurately with sponge and a silk handkerchief, retained the whole with a T bandage, administered a little nourishment, and enjoined perfect repose. I passed the night with the patient, prepared to act upon the first indication of need. I did not turn and deliver immediately, because I thought the os scarcely adapted to the operation, and the necessity not immediately urgent. The pulse continued very frequent all night, and a few slight pains were felt from time to time. In the course of the night, I drew off the urine by the catheter. About daylight of the 19th, the napkin outside of the vulva became moistened with the flowing of the liquor amnii; soon after, it became tinged with blood; later still the patient became conscious of its escape, alarmed, and agitated. Blood, too, began to trickle in small streams down the thighs, and the countenance assumed an increased pallidity. The pulse maintained its frequency and tension. I removed the tampons, much clotted with blood, and examined. The walls of the neck of the uterus were thinner; the os more dilated and more dilatable. Two enormous clots now rolled out of the vagina, and fluid blood began to issue freely, in a warm stream. The agitation of the patient increased. I placed her as quickly as possible across the bed upon her back; the blood flowed freely in the change of position, to her increased alarm and pallidity. I passed my right hand boldly through the placenta, with momentary increase of hæmorrhage, arrived easily at the feet, and, with no more than the usual delay, delivered her of a child which died in my hands before the head was extricated. I felt its last convulsive struggle. Blood again flowed freely. I passed my left hand into the uterus, giving the child to be held by a bystander, and without stopping to separate the chord; stimulated the uterus to contraction, grasping the placenta, which with my hand was expelled by its action. No syncope occurred. No blood of any consequence followed the delivery. During the hour which elapsed without her changing her position, lest such might occur, I applied wet cloths, and made slight frictions. I adminis-

tered, also, brandy and Inf. of Ergot. At the end of this time, she had become excessively tired of her position, and begged to have it changed. I prepared a cot, and carefully placed her upon it. This was injudicious. The patient was enfeebled by the motion, and the uterus relaxed. No blood, however, flowed. By frictions and cold, it again repeatedly imperfectly contracted, and entirely relaxed. After some time, having obtained a tolerable fair degree of hardness of the womb, and no blood flowing, I applied compresses and a double binder, and retired, enjoining perfect repose, and the administration of a little stimulus. The belly was already tympanitic, and the pulse hard, small, and extremely frequent. On my return, in two or three hours, I found her in *statu quo*, except that she complained of great soreness of the left side and abdomen, and pains like after pains. She had rejected by vomiting the drinks administered, and some coagula had escaped. I administered a large anodyne, and evacuated the bladder by the catheter. At a subsequent evening visit, I found the soreness, pains, and vomiting unabated. The abdomen was excessively tympanitic. I removed the compresses, and, having no longer any fear of hæmorrhage, I applied flannels wrung out of hot water to the abdomen, which were assiduously continued during the night. These were subsequently changed for thin, hot Indian mush poultices, which were continued until the day of dissolution. The anodyne was repeated at bed time. The patient had urinated naturally. On the morning of the 20th, things remained much the same. The abdomen was excessively tympanitic; sore, *but not tender to the touch.* The stomach retained nothing, brandy disgusted her, and, after several fruitless attempts to administer nourishment, in various forms, ice only was recommended, as thirst was urgent. The skin was warm and dry; the tongue moist, broad, and pale; the countenance natural; the lochia sufficient, the pulse uncommonly frequent, small and tense. Pills of Camphor, Opium, and Calomel every two hours were ordered. In the evening, things remained much the same. One pill had been retained; the second was supposed to have been rejected by vomiting, and no more had been given. The soreness was much complained of. I administered grs. xv. of Calomel, which being, in part, immediately rejected, I repeated the dose. This, with a large anodyne, was retained. At 3 A. M., I was called to her, in consequence of a violent exacerbation of pain, which was somewhat less on my arrival. The pulse was small, hard, and frequent. The tympanites being urgent, I threw up a large turpentine enema, with relief, and a bilious evacuation; a sina-

pism was applied to the abdomen; after which the anodyne was repeated, and I left her more comfortable, at daylight, than she had yet been. Next morning, 21st, at half past nine o'clock A. M., she had no pain, nor did the vomiting recur till during the last few hours of her life. She had slept; the enema had operated again once or twice; the abdomen was much softer, *not tender to the touch*, and the uterine tumor could not be felt. Some calcined magnesia was administered with effect during the day. The skin retained its warmth, the pulse its tension and frequency, and the countenance its natural expression; the tongue was clean, pale, moist, and broad. At 10 P. M., every thing remained as before, but the pulse was less tense, though not less rapid; the countenance was rather more livid, and sweat was breaking out upon the brow and upper lip, and the skin felt moist. I feared that nature was about to yield in the struggle which she had so fiercely maintained; repeated the anodyne, and desired that wine whey should be given during the night. My fears next morning (Sunday 22d) were fully realized. The patient was completely *hydrotic*. The face was sunken and pale, the lips livid, the skin cold, and covered with moisture, the pulse feeble, and so rapid as scarcely to be counted. The intellect was unclouded. Brandy toddy was freely administered; Ammonia and Quinine given hourly; the patient covered with blankets; bottles of hot water in numbers placed around her in the bed, and sinapisms applied in various parts of the person. In and for a little while, re-action seemed to ensue; the skin regained some warmth, the lips became a little rosier, and a slight flush tinged the corpse-coloured cheek. Not wholly without hope, I left her for three hours, enjoining a continuance of the treatment. On my return, she was moribund. Her breathing was laborious, and constituted, she said, her only but great distress. She said that she was "going as fast as possible," and that her eyes were clouded in death." Yet she readily recognized her afflicted husband at my request, and expressed her perfect satisfaction with my attempts to relieve her from her predicament. In a very few moments she became insensible, heaved a few gasping breaths, and expired.

Such is a true and concise account of this, to me, most painfully interesting case. The difficulty, though sufficiently common, is not one which it often falls to the lot of the obstetrician in ordinary practice to meet with.

A considerable business in this line has afforded me but few opportunities of encountering it. Of the five cases which I now distinctly remember, one only before this proved fatal, and that

from the obstinacy of the patient, in refusing to allow of the performance of any operation until too late.

The case was one which seemed well adapted to the performance of the method recently recommended by Dr. Simpson, of detaching the placenta from the neck of the uterus, and extracting it before the child. I took the subject into my consideration, and decided against it for the following reasons. I had never done it, and did not feel confident of successfully accomplishing the operation. I observed that Dr. Robt. Lee was not an advocate for its performance, and did not consider that Dr. Simpson's tables, "however imposing in appearance, furnished any evidence to justify any practitioner in departing from the rule which has been established in the treatment of cases of placental presentation during the last two hundred years." It took away the only chance from the child, which I would gladly have saved, and, lastly, I found that the plan was recommended by Dr. Simpson to be adopted only in cases when rupturing the membranes was insufficient, and turning either inapplicable or unusually dangerous, neither of which existed. Ashwell, too, I found, was opposed to the practice, and I thought it safer, therefore, to adhere to the old method, than to adopt a newer one, which seemed to be as yet of doubtful superiority, and with the performance of which I was practically unacquainted. I did not at first rupture the membranes, because I was sure I could control the hæmorrhage till the proper moment for delivery arrived. I did not expect the occurrence of any vigorous contractions after it, when so much blood had been lost, and since turning was inevitable, I preferred rather to perform it in a quiet and full uterus, than in an empty and possibly a contracting one.

The diagnosis of the case subsequent to the delivery was obscure. The extreme rapidity of the pulse, the soreness, the tympanites, the pain and the vomiting were symptoms of most serious import. But in opposition to the idea that they depended on Peritonitis, were the facts, that the pulse had been rapid previous to delivery; the pains had, as far as could be learned, the character of after pains; the soreness might depend upon the excessive tympanites, which is of itself, in some degree at least, an attendant upon parturition, and not always a sign of inflammation. There are, it is well known, cases occurring after delivery, characterized by all the usual symptoms of Puerperal fever, which are not cases of inflammation, and which yield to anodynes and warm fomentations. Of this truth, the interesting paper of Dr. Gooch furnishes ample evidence. Again, the very early period at which the symptoms occurred after the delivery, the previous rapidity of the pulse, the absence of the usual green

fluid ejection by vomiting, in cases of the peritoneal fever, the continuance of the lochia, the natural aspect of the countenance, the subsidence of pain and vomiting upon the third day, when the diminished tumidity of the abdomen allowed a more careful examination, which showed but little tenderness and no enlargement of the body of the uterus; all gave grounds for a faint hope that the symptoms *might* depend upon nervous irritation only, for which abundant cause had existed, or be connected in some way with the reaction following the excessive loss of blood; a hope which governed my expressed prognosis, and which the result of the case proved but too surely to have been wholly fallacious. I do not suppose that, had the case been viewed as one of inflammation from the beginning, the result would have been different. No amount of active depletion could have been borne in a person so enfeebled by previous hæmorrhage and the shock of the operation: nor in the cases which I have seen of this terrible disease, has there been any difference in the result, whether they were depleted vigorously, or treated by other less debilitating means. The attempt made upon the second day to obtain the specific constitutional effects of mercury and opium, failed, as has been noticed, by an error on the part of her attendants, and the subsequent rapidity of the progress of the case, precluded all hope of its accomplishment. Upon the third day, I entertained some faint hopes of her recovery, but this, the evening visit again served to dispel.

What can have been the cause of the Peritonitis? The version was easy, and how often is this operation performed without any such result? Was it owing to the cold and friction upon the abdomen and uterus? These, too, are daily employed without bad consequences in cases of hæmorrhage. The bandage was indeed firm, but removed as soon as complained of, in the course of a few hours. The frictions were such only as were necessary to secure a sufficient contraction of the uterus, although, it is true, they were long and perseveringly employed. I am unable to answer the query. Is it probable that the peritonitis began before the deliverp? That such an occurrence is possible, we have the authority of Denman, Clarke, Collins, and Churchill, for asserting; and when I reflect upon the early rapidity of the pulse and speedy supervention of the symptoms, I confess that this is the opinion to which, in the case before us, I am inclined to lean. The termination of cases of placenta prævia in Peritonitis is not, I suspect, very common; for, in a number of cases which are at this moment under my observation, I do not find this termination mentioned. I do not know that there is prevalent among us any Puerperal Epidemic fever; but,

in examining the City Inspector's Report for some weeks past, I have noticed several deaths attributed to this cause; and an obscure and fatal case of the kind was a day or two since mentioned to me by one of our most cautious practitioners. I have delivered, since this case was attended, five patients. I approached them with dread, but happily they have all so far done well. On examining the placenta in Mrs. S.'s case, I found it large, the chord implanted centrally, and the organ torn from one side of it quite through to the opposite circumference.

The peculiar termination of puerperal fever in *profuse sweats*, with death-like coldness of the skin, lividity of the face, &c., has not been, I think, so far as the limited examination which I have just given to the subject enables me to discover, generally alluded to by writers on the disease. All the cases which I have seen fatal, have presented this feature at their close, and I have seen it in no other form of fever, or peritonitis, nor in any other affection except the malignant cholera. It approximates closely to the Hydrosis of Blundell (*Lectures*,) who, although he describes "Hydrotic fever" as a disease, presenting itself under seven varieties, has evidently included under this head cases of what is strictly Puerperal Fever, (peritonitis, phlebitis, &c.,) and would be generally so called. Uterine hæmorrhage, he thinks, predisposes to this form of disease.

I hope I am correct in the belief, with which, after careful consideration, I console myself under the distressing circumstances of this case, that no modification of the treatment pursued would have led me to a happier result.—*N. Y. Annalist.*

Abstract of a Report on the Inhalation of Ether in Labor, by JONATHAN CLARK, M. D., *of Lower Merion, near Philadelphia, taken from the Medical Examiner, of October*, 1847.

Dr. C. reports six cases of parturition, in which he administered the ether. Five of these were natural labors; in four the patients were unconscious of the birth of the child, and declared that they had felt no pain; in the fifth case the patient was conscious of the birth, but remarked, "although she appeared to suffer so much, and complained so bitterly, that she should not have lived through it, if it had not been for the gas." In all these cases the recovery was as rapid as usual, and without an unpleasant symptom. The pulse *fell* while the patients were under the influence of the ether, in four cases where the fact was observed; in the other two it is not recorded.

The fourth case in the series of Dr. Clark, was complicated with terrific puerperal convulsions. When he saw the patient she had had six; her perceptive faculties were totally obliterated,

and every contraction of the uterus ushered in a paroxysm. At this period but little progress had been made in the labor; the os uteri was dilated to the extent of an inch and a half, and the membranes were entire. Her pulse was one hundred and ten in the minute, and sufficiently strong, in the opinion of Dr. C., to justify bleeding.

Venesection, to the amount of sixteen ounces, had no favorable effect; on the contrary, the spasms increased, and the pulse rose to one hundred and thirty-five in the minute, and was much weaker; the extremities became cold, and the surface generally was cool and clammy; added to this, the contractile power of the uterus was so far diminished that no progress was making in the labor, and the os uteri was not sufficiently dilated to allow of the introduction of the hand for the purpose of turning. In this condition, and after the ninth convulsion, Dr. Clark applied a sponge, well moistened with ether, over the mouth and nostrils. The effect is thus described: "The patient soon began to rub her nose violently, pushing away the sponge as soon as it was re-applied, till she was prevented by holding her hands. Her countenance, in a minute or two, lost its deathly hue, and resumed a more natural appearance. In less than ten minutes, the whole surface became warm and much more natural. The pulse fell to one hundred and twenty-five; the intervals between the paroxysms increased more than one half, and their duration, when they did recur, was much lessened. Uterine contractions now ceased to have their former effect of bringing on the convulsions, *so that I could observe several distinct and efficient pains or contractions between the paroxysms.* The os uteri, as a consequence, began to dilate, but not yet sufficiently to admit of the introduction of the hand." Dr. C. continued the ether cautiously, taking care to remove the sponge when the patient became passive. This course was persisted in for three hours and a half, when the uterus was sufficiently dilatable to admit of the introduction of the hand—turning was successfully accomplished, and a living child was brought away. There was no flooding. No vapour was given after the child was delivered. The mother still continued in a stupor, and the convulsions recurred with diminished force, at intervals of about forty-five minutes, for some hours, when they ceased.

Calomel, followed by fluid extract of senna, was administered, until copious black and fetid evacuations were induced—after which the patient rapidly recovered, without an unpleasant symptom.

The paper of Dr. Clark is one of great interest, and we regret that our limits will not admit of copying it entire.

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Subscribers in those towns and counties where there are Agents for the "Reporter," are requested to make their remittances to them. We hope we shall be able to make an arrangement hereafter by which future numbers can be furnished to those living in towns free of postage through the

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The following works have been received:

Home Book of Health and Medicine. From the Publishers.

Payne's Materia Medica. From the Publishers.

Tracts on Generation, No. 1. From the Publishers.

Medical Examiner, for December and January.

St. Louis Medical and Surgical Journal.

Southern Journal of Medicine and Pharmacy.

British American Journal of Medical and Physical Sciences.

Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery, Nos. 1 and 2.

The Missouri Medical and Surgical Journal, 2 numbers.

Quarterly Summary of the College of Physicians, from June to November, 1847.

Western Lancet.

Buffalo Medical Journal, Nos. 6 and 7.

Charleston Medical Journal.

American Journal of Pharmacy.

Introductory Lecture by Professor Gibson, University of Pennsylvania.
" " Professor Jackson, " "
" " Professor Lauson, Medical College of Ohio.
" " Professor Mütter, Jefferson Med. Col. Philada.
" " Professor Dunglison, " "
" " Professor Mitchell, " "

THE

NEW JERSEY MEDICAL REPORTER.

VOL. I. FIRST MONTH, (JANUARY,) 1848. No. 2.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

A REPORT OF THREE CASES OF HYDROPHOBIA, SUBMITTED TO THE MEDICAL SOCIETY OF NEW JERSEY, AT THE ANNUAL MEETING OF 1847.

By Wm. Pierson, M. D.

Impelled by the consideration that it is the duty of the profession, to communicate to the public, the results of all cases of disease, which are of rare occurrence, and of a serious nature—a duty which I apprehend is too often neglected—I proceed to redeem a pledge given to the Society, to communicate the history of three cases of Hydrophobia, which came under my observation the preceding summer.

An apology is due for the haste with which the duty is discharged; other engagements having intervened and encroached much upon the time allotted to the preparation of this essay.

In presenting these cases, I entertain no idea of throwing any additional light upon the pathology, or diagnostic symptoms or treatment of the disease in question. They accord with the description of the group of symptoms generally given by medical writers; and in their result, afford additional confirmation of the opinion advanced by one of the most able and common-sense

authors which I have ever read, Dr. Thomas Watson, in his lectures upon the principles and practice of physic, viz: that there is not an authentic case on record, of a cure after the characteristic symptoms of the disease had been developed. I shall rather content myself with a notice of a few circumstances of a peculiar character, exhibited in the origin and progress of the disease as they came under my observation. I shall not attempt any argument, to settle any one of the many interesting and undecided questions to which this horrific malady has given rise; since the morbid appearances afforded by post mortem examinations are so very various, uncertain and unsatisfactory; much less shall I venture to propose a mode of treatment, when I believe, verily, there is not known a solitary remedy which is entitled to the smallest degree of confidence, after the symptoms of recrudescence, as it is called, have made their appearance.

It is a circumstance somewhat extraordinary, that a disease so violent, fatal, and subject to so frequent causes of its production, should, notwithstanding, be of such rare occurrence, that many practitioners never have an opportunity of witnessing it. Scarcely does a year elapse, that the alarm of a rabid animal in our midst is not given; and yet very many, through a long term of practice, have escaped the painful responsibility of treating a case.

During a practice of nearly thirty years, these cases afforded the first opportunity to me, although while a student I had seen one case in an adjoining village. Several medical gentlemen in the adjacent town and vicinity, were invited to see my patients, and not one of them had ever witnessed the disease.

This general fact seems to confirm the opinion entertained by Dr. Watson, that more than a majority of persons bitten by a rabid dog escape the disease. I quote from the Doctor. "It is curious that different species of animals appear to be susceptible of Hydrophobia in different degrees. Thus, according to Mr. Youatt, two dogs out of three bitten, become rabid. The majority of horses inocculated by the virus perish. Cattle have a

better chance; perhaps because in them, the skin is looser, and less easily penetrated. With sheep the bite is still less dangerous. Not more than one in three will be affected. The human being is least of all in danger. John Hunter states, that of twenty-one persons bitten, one alone fell a victim. Dr. Hamilton estimates the proportion to be one in twenty-five. But observes the Doctor: "I fear these computations are much too low."

It is this frequent immunity from the disease, which has given a temporary reputation to so many vaunted remedies; and inspired many honest practitioners with a strong confidence in the great value, if not absolute certainty of some in the catalogue. I cannot refrain from making another quotation from the same author. "Ignorant persons, and knavish persons, have not failed to take advantage of this. They announce that they are in possession of some secret remedy, which will prevent the virus from operating; they persuade the friends of those who die, that the remedy was not rightly employed, or not resorted to sufficiently early; and they persuade those who escape, that they escape by virtue of the preventive remedy. If the plunder they reap from the foolish and the frightened was all, this would be of less consequence; but unfortunately, the hope of security without undergoing a painful operation, leads many to neglect the only sure mode of obtaining safety."

There is another interesting question which is worthy of a moment's consideration. Is hydrophobia in the human species, ever a spontaneous disease? or is it always the result of the application of an animal poison? I cannot pretend to throw any light upon the question. The better opinion appears to me to be, that it is not a spontaneous disease. Mr. Youatt, a distinguished veterinary surgeon of England, who probably has had more experience and more extended observation in this disease than any other person, both in brutes and the human species, is decidedly of opinion that it is invariably the result of an animal poison, communicated through an abrasion of the integuments, or by application to a mucous surface. My cases prove nothing definitely; except how

unsuspectingly, and through how slight an abrasion the poison may be communicated. I will relate, however, an incident which goes to show how easily it may be misapprehended or confounded with another disease. About the time of the death of the first patient, an elderly gentleman from New York, of a good, honest, respectable appearance, called upon me with a request to be permitted to see the patients, having learned that there were others in the family who had been bitten. This old gentleman came, I have no doubt, on a mission of kindness, under the impression that he was in possession of a remedy that was certain to cure, even when the characteristic hydrophobic symptoms were present; as he had said publicly that hybrophobia was as easy and as certain to be cured as a common case of fever and ague. I immediately accompanied him to the house. He informed me that his daughter, a young lady grown, had been violently attacked with the disease, and had recovered. In the course of conversation, I asked what were the symptoms in the case of his daughter. "Oh! she had spasms, and would bite and bark—and had these symptoms off and on for a year."

I asked him who pronounced it a case of hydrophobia? He said there were twenty or thirty physicians who called to see her; some said it was hydrophobia, and others it was not. Upon pressing him to give me the names of these physicians, with some hesitancy I drew from him, among the number of those who affirmed, the name of Dr. Beach, the renowned Thomsonian; and among those who denied, the name of Dr. McNevin. Concluding that the old gentleman had not presented a very clear case, I said, my dear sir, your daughter, in my opinion, had any thing else than hydrophobia. Shortly afterwards I saw the same case, or a very similar one, appended by way of certificate, in an advertisement recommending as an infallible remedy for hydrophobia, a nostrum, called, I think, "Williams's Pain Extractor." He farther informed me as a proof of the efficacy of his remedy, that he had, subsequently to the recovery of his daughter, been sent for to two or three other cases; and

upon inquiring the results, he said they were all dead before he arrived and could apply his cure. Now for his remedy. Besides what may be considered as a flourish, I ascertained that the chief dependance was in the use of the Scutellaria, a medicine, which I apprehend has a greater number of advocates, and has enjoyed a more enviable reptation in this country, than any other article of the materia medica. He had also some inordinate idea about puncturing the pustules about the tongue, as recommended by the Russian physician, Dr. Marochetti. This is only a single illustration of the crude, erroneous, and superstitious notions, which are so prevalent among the people at large, in regard to the phenomena and treatment of hydrophobia; to say nothing of the utter destitution of principle, as well as of knowledge, betrayed by many who for the sake of plunder vend their nostrums, composed either of inert and harmless vegetables, or of the more virulent poisons.

Many opinions have been entertained, and theories advanced, in regard to rabies, by physicians of pre-eminent talent and character, to whom I certainly would pay due deference; which are greatly at variance with the generally received opinions of the profession respecting the nature and phenomena of this disease. Some doubt and deny the reality of hydrophobia as a distinct disease. Others consider it as allied to, and synonymous with tetanus, or some of the varied forms of catalepsy or other nervous affections, produced through the power of the imagination. The cases which came under my observation, carry conviction to my mind, that there is an absolute reality in the disease, with the production of which the imagination has nothing to do; for little children, who have heard and known nothing about hydrophobia, cannot be supposed to be under the influence of a morbid imagination; and that if it be a modified form of tetanus, then I have never entertained any correct notions of the phenomena of the latter disease.

Before proceeding to notice the prominent and characteristic symptoms which were developed in these cases, I remark, that three children of one family werebitten on the same day, August

5th, 1846, by a young puppy. One was about eleven years of age, the second seven, and the third a child at the breast. The puppy was just beginning to be playful, and to follow after the children. Not the most distant suspicion was entertained of a rabies. It followed the oldest child into the street, and as a carriage was passing, it flew at the wheel and was run over, and had one of the legs fractured. The child who claimed the ownership, took up his little pet into his arms, carried it into the house, and set himself to work to dress the fractured limb. In doing this the dog bit one of his fingers very slightly. In the course of the day, the other children, while caressing and commiserating it, were also bitten; the youngest most severely, about the wrist, so as to leave the marks of the teeth for several days. The blood flowed sparingly from the wounds, and the mother bound up the wrist with a piece of salted pork. Nothing was done for the other children; and the mother always insisted that on one of them (I have forgotten which) there was not to be discovered a scratch or abrasion of the skin, or even the indentation of the teeth. I notice this circumstance, to show in how slight a manner the poison may be communicated, and as a proof that it is communicable even by absorption through the skin. The observation of every physician will readily suggest many instances in which the vaccine virus has been communicated in an almost imperceptible manner.

On the morning of the 9th of September following, about five weeks after the bite, I was called to visit the oldest child—was informed that he had an unusual difficulty in swallowing drinks—that in the morning the mother went to his bed, not suspecting any illness. The child complained of feeling not altogether well—had not slept much, and had been disturbed with frightful dreams. He was thirsty, and asked for a cup of warm tea, which the mother promised to send up as soon as breakfast was prepared. This she did; but the child finding difficulty in swallowing it, dressed himself and came down stairs. When I saw the patient, I was struck with the unusual and peculiar expression of the eye, and supposed it might be a case of sore

throat, not suspecting the real nature of the disease. There was no derangement of the respiratory organs manifested. I was induced to ask for a cup of water that I might test the difficulty. On the first attempt of the child to swallow, the thought flashed upon my mind that it might be a case of hydrophobia. I desired the little patient to renew his attempts to swallow, which he very promptly did. I tried him with warm tea, and with milk. The results were the same. He swallowed warm drink with the most ease. At this moment the father came in and remarked, how wild he looks. I made known my apprehensions to the parents, and they immediately called to mind the circumstances before related, respecting the puppy, and the death of a favourite terrier dog, about the same time, after a few days' sickness, with what was supposed to be the common dog distemper. This being the first instance, which, during a practice of nearly thirty years, as before observed, had come under my care, I was illy prepared to prescribe. Resolved to do nothing rashly, and having no settled mode of treatment in my mind, I determined to administer a simple cathartic, go home, consult my books, and seek advice from those who had some experience in the disease. I mixed a dose of jalap with water, and gave it immediately, that I might have another opportunity of testing the power of deglutition. In the afternoon I rode to Newark, where I had an opportunity of meeting several of the brethren, of whom I asked advice. No one of them had ever treated a case, but all agreed to visit the patient on the following day. In the interval, nothing especial was prescribed. The patient obtained no sleep—complained of thirst, but could swallow fluids with no more ease—grew restless at intervals—the wild expression of the eye increased, without any manifestation of flightiness or derangement of mind—at times he was very garrulous, and invariably would say to me, at each successive visit, that he felt better. I expected constantly to witness spasms or some convulsive action in the muscular system, but nothing of the kind was ever perceptible up to the last moment. It is not my intention to follow up the history of the

case with a minute description of all the symptoms. They were such, generally, as may be found in the books. I rather prefer to confine myself to what I consider the distinctive diagnostic symptoms of the disease, viz., the peculiar and spasmodic action of the throat in the attempt to swallow a fluid. It is, in my apprehension, impossible to convey, by descriptive language, a correct idea of this difficulty. It does not consist so much in a physical difficulty of passing the fluid down the œsophagus from any tenderness or soreness of the parts, for solid food can be swallowed without the same effect; but in a shuddering, a horror, a repulsive turning from, and generally a convulsive spasmodic action at the root of the tongue, on the approach of water to the mouth. The same effect is produced by the sight, the mention, and the sound of water—likewise by any sudden current of air thrown upon the body, and especially upon the face of the patient, such as is produced by suddenly walking up to the bed-side, by blowing upon the face, or even by moving the bed-clothes—also by the patient washing the hands in water, and even by the splashing of water made by the washing of another in his hearing.

Agreeably to promise, the medical gentlemen who had been invited, visited the patient on the second day about 12 o'clock. A careful examination was made, and they will testify to the readiness with which the little patient consented that experiments should be made upon him. Up to this period no very marked changes had taken place. The throat and fauces were examined, and a slight redness covered with a glairy mucus was observed. The pulse had increased in frequency from the commencement of the attack, and at this time was rather diminished in volume. All the medical gentlemen concurred in opinion as to the identity of the disease; and upon a proposition for a prescription, one gentleman advised to give opium in scruple doses until sleep was induced. Now opium in twenty grains doses to a child eleven years old, seemed to all of us rather disproportioned, and I do not doubt that it was advised more with reference to euthanasia, and as a preferable mode to

the older practice of smothering. It was agreed to treat the case with opium in three grain doses, to be repeated every two hours until some disposition to sleep was manifest. The medicine was immediately prepared and given. In the course of the afternoon the child became more talkative. He insisted upon being dressed, and that one of his playmates should be sent for. This was done, and for more than hour he was engaged in pleasant converse. He asked his mother to prepare the table, and said that he and his companion would take tea together. He had, in the course of the day, frequently spoken of dying, and of his own death; but no allusion had ever been made, in his hearing, to hydrophobia or to mad-dogs. At five o'clock I again visited him, and gave another pill, desiring him to go to sleep. He made every effort, but there was no sleep. The restlessness increased. At ten in the evening I was again sent for. The symptoms had rapidly increased, especially the restlessness and garrulity. Before reaching the house I heard the plaintive sounds of his voice, and, on entering the room, found the bedclothes stripped from the bed, and the patient plunging from one side to the other, the bed being so guarded by the attendants as to prevent him from suddenly throwing himself off. "Oh, Doctor," he exclaimed, "this one and that one (naming the several attendants) will not do any thing for me. Give me drink; but I cannot swallow; you must pour it down. They say I am mad, but I will not bite any of them." I said to him, "you shall have some drink," and immediately gave him a rag wet with water, desiring him to apply it to his lips, which he did. I offered him a piece of bread and butter. He took it with avidity, and swallowed without difficulty. I then handed him a glass of water. He made a convulsive move to take it from my hands, drew it towards his mouth, made an effort to drink, and handed back the glass without swallowing a drop, exclaiming, "I cannot drink;" and then, in agony, cried out, "Oh, tell my father I must see him before I die—I will not bite him." At this moment I left the room, and after a few minutes, one of the attendants came running out, saying that he was gone. I

hastened back, and learned that he had made a sudden leap from the bed, and fell dead; a copious discharge of yellow mucus, occasionally tinged with red, foaming from his mouth. In all this time I could never discover any rigidity of any of the muscles, or any thing like a convulsion—and have mentioned the above incidents in order to convey a better idea of the suffering and phenomena of this most awful disease. While memory is with me an operative faculty I can never forget the terribleness of that scene.

On the evening of September 9, about five weeks after the death of the first child, I was called to visit the second. He had manifested symptoms of indisposition through the day, such as loss of appetite, lassitude, and a disposition to sleep. There was nothing in the appearance of the child to awaken suspicion of hydrophobia; but upon persuading the child to drink some water, which he attempted with great reluctance, the same peculiarity in deglutition which has already been described, was immediately recognized. From this time on to the fatal moment, the symptoms were progressively developed. He died on the following evening, a little more than thirty-six hours, being the shortest period of the three cases. In the history of this case I observe that there was much less violence—less restlessness, talkativeness, and spasmodic action of the throat—more timidity, and an obstinate, persevering refusal to make any attempt to swallow fluids of any kind. The only additional circumstance to which I invite attention, is the treatment which was pursued. Since the death of the first, this child had been put upon the daily and free use of a decoction of scutellaria. Among the hundred cures and cases of recovery with which our ears were constantly assailed, we were informed, from several sources, that a medical gentleman of Somerset county, in this State, was in possession of a valuable remedy, and had treated the disease successfully. I said to the father, "I am in possession of no method of treatment, in which I have the least confidence. I beg you to send immediately to Somerset, and place your child under the care of that physician." He did so; and the messen-

ger returned about ten o'clock the following morning without the doctor, who was indisposed, but brought with him a box containing fifteen pills, with directions, for which a charge of $25 was made. The medicine was accordingly administered, with a determination on my part to follow directions implicitly, and accord the whole credit of cure to the gentleman of Somerset. Some difficulty was experienced in the first instance in getting the child to swallow a pill, but upon directing him to fill his mouth with food, some light cake, with the pill, we had very little trouble afterwards. The whole number but one, I think, were taken. This is another instance of the comparative ease with which solids may be swallowed in this disease, while there is almost an insuperable difficulty in the use of fluids. The patient died in the evening, without any struggle or convulsion, almost unobserved, and apparently in the full exercise of reason and consciousness.

Without designing any unkindness, or imputatives in any direction, but with a desire to administer a caution to myself and brethren in the profession, I observe that claims to the discovery of a secret remedy for any of the diseases incident to our race, and especially when a high remuneration is demanded, ought to rest alone upon the basis of oft repeated and successful results; and particularly in so heart-rending and dreadful a disease as hydrophobia, hopes ought not to be excited, which can never be realized.

Two days after this death, I was summoned to the third case, a coloured man, who had contracted the disease at the same time and place, but not from the same dog. A favorite terrier had, for some days previously, exhibited signs of indisposition. The owner supposing her to be in a heat, had kept her confined, daily letting her loose, when the puppy, which bit the children, was in playfulness with her. On the morning the children were bitten, this dog manifested greater sickness, and while the owner held open the mouth, the colored man with his hand forced down some medicine. The dog died, I think, in the course of the same day. The dog did not bite, but the disease, doubtless,

was communicated by the virus of the saliva through some scratch or abrasion on the man's hand, of which, however, he was not at all conscious, showing how easily and unsuspectingly we may become victims. The day previous to the attack, this man worked for me in the harvest field, and on the following morning, when he called for his wages, I observed nothing peculiar about him. He made no complaint. After receiving his money, he went to the tavern, and, as I was informed, drank three or four glasses of ardent spirits; returning home about 11 o'clock, in a state of intoxication, as was supposed by some. I did not see him until in the evening of that day, the 15th September, at which time, I discovered no appearance of intoxication. Although the symptoms of rabies were, it must be confessed, quite equivocal, from a knowledge of the circumstances, I entertained very little doubt, as to the reality of the disease, and so expressed myself. It was with the greatest reluctance he could be persuaded to make the attempt to drink; more I apprehend from an unwillingness to make himself a spectacle, (there being several persons present,) than from a positive difficulty of deglutition. In this case it was determined to give opium a thorough trial. Accordingly he took in pills of three grains each, from the evening of the 15th, to 10 o'clock the following morning, to the amount of sixty-four grains. At this time it was discontinued, there being some symptoms of drowsiness produced. Two or three additional pills were given subsequently. He died on the morning of the 17th inst., attended with a copious spewing of yellow mucous; a little longer duration of sickness than in either of the former cases. After the administration of the opium, there were present, to a greater or less extent, symptoms of narcosis, if they were not the legitimate effects of the disease, of which I have some doubt. Throughout his sickness he refused to drink any fluid, and whenever he did attempt, succeeded tolerably well by his own efforts in resisting the spasmodic action of the muscles of the throat; but manifested the same kind of horror and repulsive shuddering, at the sight of water, and the sudden draft of cool air, as were exhibited by the children.

He swallowed with ease, solid food, of which he partook freely. He indeed frequently called for meat. The peculiarity which I notice in this instance, were the symptoms of what is called recrudescence, viz: a strange and indescribable sensation in the arm, near the elbow, which had been exposed, extending towards the body during the first hours of the sickness, of which he made mention several times; and of the existence of which in the children, I never could satisfy myself.

In all three of these cases, I could never discover any thing that showed the least resemblance to a fit or general convulsion. Mr. Youatt remarks, that in dogs, fits or epilepsy, are a sure indication that the disease is not rabies.

It is proper to observe, that besides the owner of the dogs, there were two other persons exposed in the family, who have as yet exhibited no signs of the disease—the infant child before mentioned, and a labouring man, who says he was bitten by the terrier, through his boot.

There are several interesting topics—curious, philosophical, and practical questions, which it was my intention to have examined, and which I should have done, but for the many provoking interruptions which have occurred during the time which I had allotted to myself for the preparation of this report. Such, for instance, as the following:—From what animals, and how the infection may be communicated, admitting that the disease in man is always the result of an animal poison? Whether the saliva of a human being, labouring under the disease, is capable of imparting the same complaint to another human being? Is the virus inserted into the bitten part, immediately taken into the system, and thence diffused until the disease explodes; or does it remain in the wound or cicatrix for a time? This is an important practical question, to which I will refer again. Does the virus cease with the life of the animal, or may the saliva, after death, communicate the disease? How long does the hazard last, or when may the peril be said to be fairly over? This period is variously stated, from a month to several years, even twelve years. The instances reported of so great duration ought

to be received with great caution and distrust; for as Doctor Watson justly remarked, it is quite possible that the persons may have received a recent re-inoculation in some manner, of which they were wholly unconscious. It is stated, that of Lord Fitzwilliam's kennel, six dogs were bitten at the same time; and they became successively rabid at the following different intervals, viz: 23, 56, 67, 88, 155, and 183 days.

Whether rabies in dogs and other brutes subject to it, is always the result of inoculation, or whether it does not occur, in some instances, spontaneously; and if so, what agencies are most favourable, such as extremes of temperature, kinds of diet, starvation, &c.

Passing by these and other topics, I content myself with simply asking the question—Is there a cure for hydrophobia? With full assurance, I answer, none, when genuine hydrophobic symptoms are present. "The only physician that cures is Death." Is there no remedial agent, which can be administered, that will prevent the occurrence of the disease? With the same confidence I answer in the negative. The entire materia medica has been ransacked, from the inert vegetable to the most virulent poison—the lancet—injections into the veins—cold affusion—bronchotomy—electricity—galvanism—puncturing the pustules of Marochetti, which by the by, have scarcely ever been found by English practitioners, have all been tried in vain. Nor is this without a parallel. What agent in the wide range of pharmacy, administered internally, will eliminate from the system, or prevent the silent but certain action in due time of the virus of small-pox, whether artificially inserted, or contagiously contracted? I know of none. Is then man, bitten by a rabid animal, a doomed victim? By no means. And here again I resort to analogy or parallelism. Insert the virus of small-pox, by scarification, into the arms of fifty patients. Let each be immediately followed up, and the scarification thoroughly washed and cleansed with soap-suds, and I venture to assert that most will escape the disease. Instead of this, apply lunar caustic to each inoculation, and, I think, we shall be certain of a greater

immunity. Excise with the knife, or snip out with the scissors, fully, each scarification, and I venture, that not a single inoculation will take. Such, I apprehend, will be the results in an equal number of patients inoculated with the poison of hydrophobia; and the potency of the remedy will be in the order above stated. Thorough excision with the knife, and that immediately, would remove all anxiety from my mind, were I the unfortunate victim.

Mr. Youatt, who seems to have had a most extensive experience in the treatment of this disease, says he has been bitten seven times, and has applied the lunar caustic to more than four hundred persons, bitten by dogs, of whose disease there could be no question, and that he has not lost a case. A friend once informed me, that his practice was, to burn gunpowder in the wound.

If the opinion entertained by some be correct, that the virus remains dormant until symptoms of recrudescent pains appear,—and in support of which, the varied duration of the period of incubation, and the fact that inflammation along the course of the lymphatic vessels, and glands from the bitten part to the body is not uniformly exhibited, afford no small amount of evidence,—then it becomes an important practical question, whether excision of the bitten part, during any period of the incubation, does not afford good ground to hope for safety and protection from this awful and death-dealing malady.

Such a practice has the authority of Doctor Watson and other eminent physicians; and I think will not be overlooked by any one who justly estimates the honour of the profession, the success of his own reputation, and the high claims of suffering humanity.

ABSTRACT OF THE PROCEEDINGS OF THE SEMI-ANNUAL MEETING.

Reported by G. H. Doane.

A semi-annual meeting of the New Jersey Medical Society was held at the City Hotel, Burlington, on Tuesday the 9th of November, 1847.

Samuel H. Pennington, 1st Vice President, in the Chair.

The following delegates appeared.

S. H. Pennington, 1st Vice President; W. Peirson, Recording Secretary; J. S. English, Treasurer.

J. B. Munn, of Morris.

Charles D. Hendry, Richard M. Cooper, of Camden.

Isaac S. Haines, Joseph Parrish, Samuel Woolston and Zach. Read, of Burlington.

John R. Sickler, Thomas J. Saunders, of Gloucester.

C. Hannah, Dr. Reeve, of Salem.

Fellows present,—C. Hannah, J. B. Munn, F. S. Schenck, J. W. Craig, B. H. Stratton, Zach. Read.

Physicians present who were not delegates,—N. W. Cole, J. B. Warriner, Alex. Elwell, of Burlington; Dr. Woodruff, of Camden, Dr. Potter, of Cumberland.

All medical gentlemen, other than delegates, were invited to take seats. S. W. Pennington addressed the Society on the Pathology of Rheumatism, detailing the history of an interesting case which terminated fatally, with the autopsic appearances.

The questions which were referred by the Standing Committee, in their last report to this meeting, were than taken up and considered. These questions are, whether members of the Society shall "maintain professional intercourse" with those "licensed practitioners" who have abandoned the system which they were licensed to practice; and how far "its members may humor the prejudices of patients and their friends, in favour of false systems of practice," &c. Considerable discussion

arose pending this question, and it was finally dismissed by submitting it to a committee consisting of Jos. Parrish, J. B. Munn, and F. S. Schenck, with instructions to report thereon at the next meeting.

Jos. Fithian, on behalf of the District Society of Gloucester County, submitted to this meeting, the following preamble and resolutions, as part of the business of the District Medical Society of Gloucester County, to wit:

"Whereas the Medical Society of New Jersey, did agree upon and establish on the 11th of May, 1831, a table of fees and rates of charging of sundry articles and services in medicine and surgery, for the government of its members; and also for the protection of the public from excessive charges, by any member of the profession; and while we have no complaint to make of a majority of our patrons, who do not refuse to pay for charges made within the regulations above referred to, yet there are unprincipled persons who refuse to make compensation for services rendered, although abundantly able, if they possessed the disposition to do so. *And whereas*, the maintenance of the honour and respectability of the profession at large, and justice to ourselves, individually, require that measures be taken to protect ourselves and the profession from such persons, therefore

Resolved, 1. That whenever any such person refuses to pay, or resists the collection of his account, his name may be handed to the Secretary, who is hereby required to enter it in a book to be kept for that purpose, to be called the BLACK BOOK, a list of which names shall be furnished to each member of the Society at their stated meetings, or oftener if required.

2. That we pledge ourselves to each other, that we will refuse to attend the call of any such person, unless he shall pay in advance, at the time of the call, and also promise to pay the bill of the physician reporting his delinquency.

These resolutions elicited considerable remark, and were approved by the members.

Resolved, That it is inconsistent with the duty of members of Medical Societies, to administer any medicine exclusively em-

ployed by practitioners who adopt erroneous systems of practice, or systems not recognized by the Medical Society of New Jersey, in their examinations of candidates.

The recommendations of the National Medical Convention, to take measures to secure the registration of births, marriages and deaths, being now taken up, it was moved to appoint a Committee to correspond with the Committee of the Convention, on that subject, and to be in attendance at Trenton during the session of the ensuing Legislature, with a view of forwarding the measure.

The committee consist of Samuel Woolston, J. B. Munn, and F. S. Schenck.

Dr. Fithian offered the following resolution, which was unanimously adopted. Dr. F. stating that the proposition which it contains, is being carried out by the physicians of his vicinity.

Resolved, That it be recommended to the medical profession to use their personal endeavours to have the different churches instruct their sexton's and other authorities, to report the number of funerals in their several burying grounds, with the age and disease of which the deceased respectively died, as far as can be ascertained.

Adjourned.

ABSTRACT OF THE PROCEEDINGS OF THE DISTRICT MEDICAL SOCIETY FOR THE COUNTY OF BURLINGTON.

Reported by the Secretary.

Semi-Annual meeting at Medford, Nov. 20th, 1847.

Dr. Samuel Woolston in the chair. Minutes of last meeting read and approved. Dr. I. S. Haines and Joseph Parrish, reported that they had attended the annual meeting of the State

Society, and that a dividend of $10, was awarded for each district society represented. The amount was paid over to the Treasurer.

Drs. S. Woolston and Zach. Read, were appointed to represent this Society at the next meeting of the National Medical Association, to be held in Baltimore. Dr. A. E. Budd was appointed to read the annual address.

The semi-annual report was read by Dr. Joseph Parrish, in which was detailed the history of several cases of pseudo-membranous, or laryngeal croup, which had recently occurred to him; the alkaline and mercurial treatment were severally tried with their usual adjuvants, with a result favourable to the mercurial plan. The cases seen during the earlier stage, offered a fair opportunity for the full effect of the alkaline remedies. They were given immediately, and persevered in thoroughly, not however without the aid of mercurial purgation, and occasional emetics, with leeches to the throat, and cataplasms to the chest and feet. Three of them terminated fatally. Other cases were mentioned where the treatment consisted in the first place of free catharsis by means of calomel, and subsequently by its administration in divided doses, according to the age of the patient, with powders of ipecac. and tartar emetic, several times a day, to promote emesis, a solution of nitrate of silver, being applied to the throat frequently by means of a camel's hair pencil, or a probang. This mode of treatment proved successful in several instances. Bleeding from the arm was not resorted to, because there was no evidence whatever of arterial excitement in the commencement of the disease; the pulse being regular, the skin of a natural temperature, the only indication of disease consisting in a slight whispering voice, sometimes with but little cough, and that of a peculiar, husky sound, altogether unlike the sonorous cough of inflammatory or spasmodic croup. The insidious manner of approach, the earliest symptoms of the disease not being such as to excite the alarm of parents, the child being playful, even in some cases till within a few hours of death, all render the disease as distinctly different

from the ordinary form of croup. The reporter had seen several cases within a few months, all in the same vicinity, and two of them in the same family. He presented for the inspection of the members, a specimen showing the entire membrane occupying the whole internal surface of the larynx and trachea, taken from one of the children, whose case was reported in detail. He recollected having seen the membrane discharged entire, in a case which recently occurred to his late preceptor, Dr. Cole, by whose kindness he was invited to visit the patient. This membrane resembled a piece of boiled maccaroni; was about the size of a goose-quill, and perfectly tubular. The patient had been worn out by the force of the disease, for several days before Dr. Cole saw it, having been under the homœopathic treatment. Shortly before death the membrane was evacuated. It was assumed that the disease originated in a peculiar condition of the blood, the tendency of which is to form adventitious membrane, and that the indication in the treatment is first to alter that condition of the vital fluid, by the free administration of calomel; not in doses to keep up frequent catharsis, but in such quantities as may readily enter the circulation, and to cleanse the pharynx of its secretions, by the use of emetics and gargles of a solution of nitrate of silver, employing local or general depletion, if indicated by the symptoms, &c.

Dr. Geo. Haines, of Medford, and Dr. Alexander Elwell, of Vincentown, were admitted as licentiates, by the censors.

Adjourned to meet at Mount Holly, at the usual time in May.

ORIGINAL COMMUNICATIONS.

EPILEPSY SUCCESSFULLY TREATED WITH THE NITRATE OF SILVER, AND AN ANTISPASMODIC POWDER, COMPOSED OF SAGE, GINGER AND MUSTARD.

By CHARLES D. HENDRY, M. D.

Of all the diseases to which the human frame is subject, no one is more alarming in its symptoms, or more fatal in its effects, than epilepsy. It is a disease of the nervous system, located, in the brain, and exclusively chronic in its character, attacking persons of all ages, from childhood to old age, without regard to constitution. Often times its victims are among the most robust, but more frequently the emaciated. So far as my experience will warrant an opinion, those with impaired constitutions, are more liable to suffer from this malady. Viewing epilepsy as a chronic disease from its commencement, and having been baffled in the treatment which had been confined to the paroxysms, for which antiphlogistic remedies had invariably been resorted to, I resolved upon an opposite course, and have employed tonics and stimulants. For several years I attended Judge R., of Burlington county, for epilepsy, aged fifty years; of a plethoric habit, and sanguine temperament. The treatment in his case had been confined to the paroxysms, for which copious depletion with the lancet had invariably been resorted to without benefit, the attacks returning more frequently and severely. Having lost all confidence in the course adopted, I resolved upon the opposite,—a stimulating treatment. The premonitory symptoms, such as stupor and difficult deglutition, were always prominent some hours before the disease would be fully developed. In this stage I advised the free use of brandy in warm water, to be given as frequently as circumstances re-

quired. The disposition to epilepsy soon disappeared, and he lived several years, and enjoyed uninterrupted health. The principal cause of epilepsy, I consider not to depend upon congestion,—from a predisposition of blood to the brain, but to debility, giving rise to paralysis, and as corroborative evidence of this theory, I will cite several prominent cases, of some twenty, treated successfully, without an exception, by a tonic treatment. All of them had been subjected to an antiphlogistic course, without relief. A great deal depends upon the perseverance of the physician, as there is always a strong tendency in the disease to return. By pursuing this course, I am confident a large majority of the epileptics of the country will be banished from the incurable lists of physicians, and relieve them of the unpleasant task of so often pronouncing them beyond the reach of professional aid. The great mistake in the treatment of epilepsy, has in a measure been owing to its having been confined to the paroxysms, when in reality the intermission is the time for action, bracing the system with the most active tonics and antispasmodics, and in this way producing a radical change in the nervous system. As I have no disposition to occupy the columns of the journal unnecessarily, I will be content by citing five prominent cases, which I trust will suffice to give countenance to the treatment proposed.

Case 1.—Mr. J. J. of Gloucester county, by occupation a farmer, aged fifty years, of full habit, general health impaired. He had been subject to epilepsy for three years, the attacks recurring every six weeks, and varying from one to three convulsions. His family physician at sundry times resorted to copious depletion, both general and local, cathartics, emetics, revellants, &c., but all to no purpose, and finally abandoned his case as incurable. In the month of March, 1845, I commenced the treatment of his case with one-fourth grain doses of the nitrate of silver, in form of pill, three times a day, in a teaspoonful of the antispasmodic powder, mixed in an equal quantity of molasses. This course was continued three months, at which

time his disease had assumed a more favourable aspect. Half grain doses of the pill was now advised, and a gradual increase of the dose of the powder; at the expiration of six months the disease left him, and now two years have elapsed and no return of the disease. It was not thought advisable to make any change in his diet, except to abstain from the free use of coffee.

Case 2.—Mr. A. D. of Camden county, aged 35 years, with constitution much impaired, and emaciated, complexion sallow, and imbecile in mind; he had been afflicted with epilepsy from childhood, and was subjected to medical treatment in early life whilst he resided in Burlington county, but without benefit. For a number of years his case had been considered hopeless, the paroxsyms would return every six weeks and continue irregularly for several days. During this period he would have from ten to fifty convulsions, the attack resulting in a state of decided mania. In December, 1844, his friends made application to me respecting his case. The treatment advised was so similar to the preceding case that I will not recapitulate it, but will merely add that in less than three months I had every assurance that the treatment recommended would ultimately effect a cure, and in less than nine months I had the satisfaction to see him relieved of this formidable disease, his constitution reacted, his general health was restored, and I am happy to state there is no appearance of imbecility of mind. Several years have now transpired and his health continues good.

Case 3.—The subject of this case was a daughter of Mr. C., of Camden county, aged 3 years. She had been afflicted with epilepsy for six months, constitution impaired; during this period she had more than one hundred distinct epileptic convulsions; primary cause supposed to be gastric irritation I had charge of this case from the commencement, and resorted to topical blood-letting, with leeches, cathartics, emetics, revellants, and a variety of antispasmodics, but all without the desired effect. After six months' treatment the parents became discouraged, and

removed the child to an adjacent county for the purpose of obtaining the advice of several practitioners, who agreed that the patient was idiotic, and any medical treatment would prove of no advantage. On their return I was again called upon to prescribe in her case, and recommended the pill and powder in the accustomed dose without regard to age, and in less than three months the disease left her, and she is now one of the most intelligent and interesting children in the village in which she resides. Eighteen months have elapsed and no return of the disease.

Case 4.—Mrs. W. of Camden county, aged 40 years, of plethoric habit and in the enjoyment of good health, and now in the fourth month of utero gestation. When called to her she informed me she was the mother of four children, and during each term, and about the fifth month, she would be assailed with convulsions, which returned regularly every two weeks during the remainder of the term. She had been subjected to medical treatment in Philadelphia, which was confined to copious depletion with the lancet, counter-irritants, and enemas, but all to no purpose, the convulsions continuing at intervals during each term of pregnancy. About the fifth month I was summoned to visit her, and found her struggling with a frightful convulsion. I was entreated by her friends to resort to venesection, but as it had on all previous occasions proved of no avail, I objected, and recommended counter-irritants and enemas. After the paroxysm I advised the pill and powder in the ordinary dose. She had not a return of the disease, but passed through the term without inconvenience. This is the first case, under such circumstances, in which I have had an opportunity of testing the utility of this form of treatment.

Case 5.—In October, 1846, I was requested to visit the daughter of Mr. J. S. T., of Burlington county, aged five years; emaciated and afflicted with chorea and epilepsy; the former disease evidently the existing cause of the latter. The history

of her case I will briefly state. When about two years old she was assailed with epilepsy, which returned every night for some two years, with but one or two intermissions of four weeks, and on one occasion, a short time previous to my seeing her, she remained in a state of stupor for nine days, the result of an attack of epilepsy. Her parents informed me she had been under treatment for a long time, but was finally abandoned as incurable. When I first visited her she was restless beyond description, requiring some one to watch her constantly, and I supposed her intellect to be completely destroyed, and prescribed for her with great reluctance; however, in the course of four weeks I completely removed the chorea with equal parts of the bi tart potass and flor sulph, in tea-spoonful doses, mixed in molasses, three times a day. I then ordered the pill and powder in the accustomed doses, and in six months was assured by her parents that she was perfectly well. The last attack was in April, 1847.

A CASE OF SPONTANEOUS EVOLUTION OF THE FŒTUS.

By N. W. Cole, M. D., of Burlington, N. J.

On the evening of 10th of Oct., I received a message from my friend Dr. Haines, to visit with him a female in labour of her eleventh child, to whom he had been called in the afternoon, and to bring with me my instruments. The Doctor informed me that upon his arrival he found one child born, and that another was presenting, with the shoulder and its right arm protruding. He stated also that he had made several unsuccessful attempts to turn. Upon examination I found everything as above stated. The labour pains had entirely ceased, from the time of the birth of the first child. Its waters evacuated, and

the uterus was closely and rigidly contracted around its body, so much so that after repeated efforts, I was obliged to abandon all idea of turning without using more force than would be justifiable.

While preparing the necessary instruments for taking the child away, (it was dead beyond all doubt—there being no pulsation from the time of my arrival) the mother's pains returned; and Dr. Haines, who was sitting with her, observed the child to be lower down. I immediately made an examination, and found that some change was taking place. Its body seemed to descend, and I distinctly felt its shoulder ascend. In less than five minutes from the return of the pains, it had made a complete somerset. The feet and breech came down, and the head followed without any difficulty. It was healthy, and of the average size.

NOTE. We regret that Dr. Cole has not had time to give us a statement of his views upon the rationale of the process which he has described. The case is certainly an interesting one, and we take the liberty of mentioning one or two additional facts which we have obtained from conversation with Drs. Cole and Haines. Upon examination, the head of the child was distinctly felt lying on the left side of the pelvic cavity. The jaw and the ear were readily distinguished, and the hand was so far protruded that there could be no mistake as to the character of the presentation. The breech could not have presented at the os-uteri, and the hand in the vagina, by reason of this extremity lying upon the side of the body, as was the fact in a case reported by Dr. Gooch, or the head and face could not have been so distinctly felt, or the hand found protruding outside the vagina.

The case first reported by Dr. Denman, we believe in 1772, was, as we apprehend, similar to that reported by Dr. Cole, and the term "spontaneous evolution" was adopted by that distinguished author. Dr. Douglass, however, in 1811, proposed the term "spontaneous expulsion," as more expressive. Supposing that Dr. Denman's explanation was incorrect, and that the thorax became partially doubled upon itself, and the fœtus expelled while the head remained in its original position, as it were a fixed point; the side of the thorax and abdomen passing rapidly over the perinæum, leaving the head and other arm to complete the last stage of labour. But Dr. Cole informs us, that as the pains increased, "the body seemed to descend, and I distinctly felt its shoulder ascend." This ascent of the shoulder continued until the arm

was carried completely up into the uterus, and the breech and feet spontaneously took its place. Here then was a clear and distinct evolution;—to use the graphic term of Dr. C., a "complete somerset;" and after an obstetric practice of half a century, this case has presented to him the first exemplification of Dr. Denman's theory. We gladly give the article a place in our journal, and hope to hear from its author again.—Ed.

THE NEW JERSEY LUNATIC ASYLUM.

We believe the attention of the people of this State, was first directed to the claims of our insane population, upon our sympathy and regard, and to the subject of the erection of an asylum for their accommodation, by an address read before the Medical Society of New Jersey in 1837, by Dr. Lyndon A. Smith, of Newark, on the occasion of his taking the chair as President of the Society.

The interest of the medical community being enlisted by this appeal, it soon spread throughout their several neighbourhoods, and reached the legislature in 1839, at which time a joint resolution was passed by the council and general assembly, authorizing the governor to appoint commissioners, "to ascertain as accurately as practicable, the number, age, sex and condition of lunatics in this state;" and if on such investigation being made, a lunatic asylum should be thought the "best remedy" for their relief, "then to ascertain the necessary cost of the establishment of such an institution, the locality for the same, &c.," and an appropriation of five hundred dollars was made to defray the expenses of such investigation. Under this authority, Governor Pennington appointed as commissioners, Doctors Lyndon A. Smith, of Newark, Lewis Condict, of Morristown, A. F. Taylor, of New Brunswick, C. G. McChesney, of Trenton,

and L. Q. C. Elmer, Esq., of Cumberland county. The governor seems to have been impressed with the propriety of giving a strong medical character to this commission, as is shown by his selecting four out of the five appointed, from the medical profession.

Soon after their appointment, the commissioners met at the office of Dr. Smith, in Newark, appointed the venerable Dr. Condict their chairman, and proceeded to apportion among themselves different spheres of labour. In addition to visiting the several counties of the state, and making diligent personal inquiries upon the subject committed to them, the aid of intelligent and interested citizens in different parts was secured; and Drs. Condict and Smith, on behalf of their colleagues, visited the McLean Asylum at Charlestown, Mass., the State Lunatic Hospital at Worcester, and the General Hospital, and State Penitentiary at Boston, in order to obtain information as to the order and government of these institutions, and of the influence of the treatment employed upon the insane. The result of these inquiries was embodied in a report of forty-seven octavo pages, by which it appears that the number of lunatics ascertained to be in New Jersey, was, males, 252, females, 163, leaving out of the computation those who were not actually known to be insane, thus making the ratio of insane persons among us to exceed that of New England, where it is estimated at one in every thousand. Several instances of cruelty which occurred under the observation of the commissioners, were also stated in the report, with valuable extracts from some of Dr. Woodward's reports to the managers of the State Lunatic Hospital of Mass., all of which was presented to the legislature at the session of 1840–41, and ordered to be printed.

The Governor's message of the following year, recommended the subject to the attention of the legislature, and a joint committee was appointed to consider and report upon so much of the message as related thereto. During the session, the committee reported favourable to an appropriation for the erection of an insane asylum, and in order to enlist more fully the active

sympathy of the legislature, several cases of extreme hardship and cruelty were reported. Among these was that of a highly respectable citizen of the state, who had been himself, for many years, a member of the legislature; was afterwards clerk of the county where he resided, and had since occupied the station of a judge. This man, who had thus partaken of the confidence and esteem of his fellow-citizens, and had been entrusted with offices of honour and responsibility, was borne down under the weight of pecuniary embarrassments, and found himself surrounded in the evening of life, with difficulties from which he could not extricate himself. In addition to this he was overwhelmed with grief, at the loss of an only son; his mind yielded to the pressure, and he became at last a hopeless maniac. Under these circumstances he was confined within the walls of the county jail, and subsequently removed to the county alms-house, there to await the coming of the messenger who would call him away from the toils and pains of life. The commissioners close their report thus:

Deeply impressed with the conviction that the time has arrived when New Jersey should act promptly upon this subject; and desirous that she should not be behind her sister states in their philanthropic exertions, your committee unanimously submit, for the consideration of the legislature, the following resolutions, viz:—

Resolved, 1st. That the confinement of insane persons in jails, with criminals, is subversive of all distinction between calamity and guilt, and punishes the misfortune which it is the duty of society to relieve.

2d. That as experience has shown that recent insanity, in most cases, is readily cured, it is highly expedient that the state should provide a suitable institution for the comfort and relief of the insane poor, and to remove them from prisons and poor houses.

3d. That an asylum be erected at the expense of the state, at some proper point, to be selected by commissioners, with the approbation of the Governor, upon such plan as they shall deem best adapted for the purpose of such an institution.

4th. That the committee be instructed to report a bill providing for the objects expressed in the above resolutions."

In compliance with these resolutions, the legislature appointed a committee to select a site for an asylum. These gentlemen visited different localities in the state, and we believe, selected a spot which was deemed suitable, and so reported to the legislature. From some cause the proceedings became arrested at this juncture, and the legislature adjourned without passing any act upon the subject; still the attention of the people had become awakened, their sympathies had been aroused, and they were willing at the proper time, to carry out the recommendations of the committee. In the year 1845, the subject was again brought before the legislature, by a memorial from D. L. Dix, a New England lady, well known in our country for her active benevolence in this department of charity. To this memorial was attached a tabular statement, compiled by the commissioners of 1839. The effect of this movement was to re-kindle the energy which had previously been awakened, and a joint committee was again raised in the legislature, in which the medical profession was, as on former occasions, ably represented. This committee made a brief but well written report, in which they assert the necessity of prompt action. Their conclusions prevailed in the legislature, and a new commission was appointed at the session of 1846–47, to select a site for an asylum.

A most beautiful and eligible locality was chosen, about two miles from Trenton, on the Delaware river, overlooking the city and the river, and in every respect presenting the natural advantages which such an institution requires.

At the opening of the next session, the attention of the legislature was called to the subject by Gov. Stratton, further appropriations made in aid of the work, and a bill was passed organizing the asylum. As the building is now nearly ready for the reception of patients, we have thought it within our province to give this account of the history of the movement, and to point out the active interest taken by the medical profession of New Jersey therein.

At the last session the whole plan was completed, and a bill passed providing for the appointment of ten managers, and vest-

ing the power of filling vacancies in the Supreme Court of the State. This board was authorized to elect a medical superintendent, a treasurer, steward and matron. The salaries of the officers to be approved by the Governor. Patients are to be admitted to the asylum in due proportion from each county, by the Court or any Judge of the Common Pleas; and it is made the duty of overseers of the poor, to make application to any Judge, in the case of an insane pauper, for authority to commit such pauper to the asylum; it is also made the duty of said judge to summon at least two respectable physicians, and to investigate the case; "and if the person examined is found to be a suitable patient for the asylum, he is to be removed and retained there at the expense of the county to which he belongs." No patient is to be admitted for a shorter period than six months; and before any town or county officer sends a patient to the asylum, he is to see that said patient is "in a state of perfect bodily cleanliness," and provided with suitable changes of raiment. Neither can a patient be discharged from the asylum without suitable clothing, and without being provided with a sum of money not exceeding ten dollars, to defray his or her expenses in reaching home. The managers are to receive no compensation, their travelling expenses only being allowed them. All purchases for the asylum are to be made for cash, and the managers are bound to make all needful rules to enforce this provision. At a meeting of the managers, held in the spring of 1847, a number of candidates appeared for the office of superintendent. Several of them were members of the Medical Society of New Jersey, who had taken a deep interest in the subject from its commencement. There were two other gentlemen, one from the state of Pennsylvania, and the other from New York, both of whom had been residents for some years, in similar institutions in their respective states. The choice fell upon Dr. Buttolph, of Utica, New York, who had been for some years an assistant of the well known Dr. Brigham, at the insane asylum at Utica, and had visited some of the institutions for the insane, in England, and on the continent of Europe. We

have no doubt of the entire competency of this gentleman for the office assigned him, and though we admit in all frankness that we have felt with our professional brethren over the state, that the course pursued by the managers, in selecting for this responsible office a citizen of another state, was not awarding to the medical profession of New Jersey its due, we believe, nevertheless, it is the duty of the physicians of the State to lend their aid in the creditable support of the institution.

The asylum is a New Jersey institution, and it will have to contend with much opposition. Independently of the disposition which is too often manifested by politicians, to make political engines of public establishments under state control, there are four rival institutions, more convenient of access to a large portion of our population. From the counties south of us, patients can be taken to the Pennsylvania Hospital, and to the Retreat at Frankford, Philadelphia, at less cost, than by going to Trenton, and their friends may the more readily visit them, while at the other end of the state, the almost hourly intercourse with New York, from various points, affords great facilities of speedy access with the institutions at Flushing and Bloomingdale. The superintendents of these institutions being extensively and favourably known, and the facility of reaching them from both ends of the state, will, we believe, materially interfere with the success of our own institution, without the hearty co-operation of physicians, whose advice will be likely to be heeded by the friends of the insane, who are not paupers. We do not want to see the New Jersey Asylum a mere state poor house for incurable lunatics, but we are anxious to find in the annual reports, emanating from the authorities of the institution, an evidence that our state is adding its full quota to the list of cures, and that we are sustaining an establishment which will compare with any in the country.

BIBLIOGRAPHICAL NOTICES.

Tracts on Generation. Translated from the German, by C. R. GILMAN, M. D., and THEODORE TELLKAMPF, M. D., of New York. Samuel S. & William Wood. New York.

It is with no little gratification that we call attention to the first of the series of "Tracts," which Drs. Gilman and Tellkampf propose to present to the American reader in their own language. And if the succeeding works are as interesting and original as that now before us, the medical profession in this country will have abundant reason to thank these gentlemen for the labour which they will have bestowed upon this very useful undertaking.

The tract before us is entitled "Proofs that the Periodic Maturation and Discharge of the Ova are in the Mammalia and the Human Female, *Independent of Coition*, as a First Condition of their Propagation. By T. L. G. BISCHOFF, M. D., Professor of Physiology, &c., Giessen."

The work contains 56 pages, and consists mainly of a narrative of the author's experiments upon living animals, instituted with a view of establishing the doctrine announced in the above title.

We cannot pay a higher tribute to the ability with which this difficult investigation has been conducted by Dr. Bischoff, than is contained in the following extract from a letter of the celebrated Swiss naturalist, L. Agassiz, to Dr. Gilman—which appears in the preface to the Tract.

"Never were experiments upon this long vexed question conducted with more skill and success, to establish the facts beyond question, and never were the physiological views derived from them deduced with more accuracy and precision. It is a model in this kind of experiments, better adapted to

vindicate the interest of the medical man for comparative embryology than any reasoning."

The question so satisfactorily settled by the experiments of Bischoff, is one which has engaged the attention of physiologists for many centuries, and about which the most unintelligible theories have prevailed. That our readers may have some idea of the manner in which it is treated by our author, and of the state of opinion on the subject when he commenced his investigations, we shall extract a few sentences from that portion of the Tract which precedes the account of the experiments.

"Philosophers, theologians, physicians, and naturalists, have, in all ages, been striving to overpass this one defect in our actual knowledge, the existence of the mammalian and the human ovule; but all their speculations and theories led only to darkness. The conviction became general among them that the mammalia and man made a singular exception to the mode of generation of other animals, and to the conditions to which these were subject.

"With other beings, plants as well as animals, a few only excepted, it was evident that their genesis was dependent on the fact that a parent organism produced certain materials (ova or semen) by the direct action of which, the one upon the other, the germ capable of development was produced. Further, the formation and the meeting together of these two generative materials (both essential to the continuance of the species) was nevertheless clearly by no agency of their own, and their mutual relations were often under the influence of many accidental circumstances.

"The ova were formed, matured, and usually discharged by the female organism, at certain regular intervals, quite independent of the formation and maturation of the semen of the male, which likewise took place either periodically or continually.

"By an accessory and extraordinary combination of external circumstances, which are either absolutely external and quite accidental, or in the exercise of certain other functions which are developed at the same time, these two materials are brought into contact, and thereby germs are rendered capable of development. If these relations are not established, or if they are

disturbed, the generative materials nevertheless ripen to a certain degree, and are excreted, but no germs capable of development result. Examples from the vegetable and the portion of the animal kingdom below the mammalia, as in fish, amphibia, and birds, are too familiarly known to require a particular notice. With the mammalia and man, on the other hand, the matter was believed to take quite a different shape. With them the formation of a germ was generally considered as the result of coition. This function with them had the object not only to render the female germinative material capable of development, but to produce it. These opinions had their principal basis in the insufficient knowledge (the ignorance indeed) of the pre-existence of the female germinative material, of the ovule to coition.

"In 1827, after centuries of discussion, Von Baer discovered the ovarian ovule in the mammalia and in the human female, and at the same time found in its unexpected smallness the reason why it had so long remained unknown.

"I have always wondered that this discovery did not produce a greater and more general sensation, referring as it did to a matter which had interested, in so extraordinary a degree, man in all ages. It was partially recognised, partially denied, partially neglected, and only the embryologists in the most restricted meaning of the word, concerned themselves with it, and they indeed only in its relations to the development of the embryo, and not in its bearings upon the theory of generation generally. This theory had too often been built on supposed ova, and was too deeply rooted, not to supply for some time the want of actual observation, whether it was in harmony with the facts of the case or not. After the actual state of things had become known, and when the pre-existence of the ovule before and independent of all coition was proven, theorists still adhered to the opinion that coition was the only and essential condition upon which the maturation and discharge of an ovum from the ovary depended. And all other parts of the process were considered (though they clearly pointed to the contrary) only from this point of view.

"I was myself under the influence of this theory to such a degree that I was led by it blindly in my former investigations on the development of the mammalia."

Our limited space would prevent even an outline of the experiments by which Bischoff was led to the conclusions

which he has adopted. Suffice it to state that the facts developed by his investigations seem satisfactorily to establish, that the propagation of the species is "primo loco dependent on a spontaneous periodic formation and maturation of ova, and not on coition," as was formerly supposed—and that an intimate relation exists between this maturation of ova and the menstrual function. Upon the latter question the author thus refers to recent post-mortem examinations, which we believe are generally considered as conclusive.

"Quite recently direct anatomical proofs of these statements have been furnished. Strange as it first appeared, considering the endless controversies which have been carried on about the corpora lutea, it now however does not admit of a doubt, that the ovary, at the time of each menstruation, is in a state of great excitement, that a Graafian Vesicle is considerably developed, bursts, and a corpus luteum is formed in its place. The investigations of Robert Lee, Paterson, W. Jones, Negrier, Gendrin, Raciborski, and Pouchet, remove from this question every vestige of doubt."

Various other interesting topics bearing upon this obscure subject are discussed in the Tract. But we would advise our readers to possess themselves of it at an early period, in order both for their own instruction, and for the encouragement of the publishers to proceed with the series—the completion of which would furnish to the American reader a fund of information upon the German sciences of Ovology and Embryology (as they have not been inappropriately termed) which we believe very few possess, and which cannot fail to give an impulse to investigations in this interesting department of our science.

The Home Book of Health and Medicine: A Popular Treatise on the means of avoiding and curing diseases, and of preserving the health and vigor of the body to the latest period; including an account of the nature and properties of remedies; the treatment of the diseases of women and children, and the management of pregnancy and parturition. By a PHYSICIAN OF PHILADELPHIA. Philadelphia, Uriah Hunt & Son, 1846.

We have received from the publishers a copy of this book; it contains 631 pages, neatly printed in double columns, and substantially bound. The design of the author in issuing the work, as set forth in the Preface, is to make the public acquainted "with the structure and functions of the human body," and with the remedies that are applicable in disease. He believes that "by the general diffusion of information on these points, quackery of every species will be most successfully combatted, the comfort and success of the regular practitioner, aided and facilitated, and the improvement of the healing art greatly promoted." It is divided into six parts, the first treating of Anatomy and Physiology; the second of Hygiene; the third of Materia Medica; the fourth of surgical diseases and accidents; the fifth, of diseases, their symptoms, causes and treatment; and the sixth, of pregnancy and parturition, with the diseases and accidents of those states. An Appendix is added—treating of the uses and doses of medicines. There are two objections in our mind to the work; one is that it is too voluminous for a popular treatise, intended as a book of reference for the general reader; and the other, that it is not authenticated by the *name* of its author. And while we believe it might be condensed to one-half its present dimensions, and thus be made more available in domestic practice, we are free to confess that the plan of the work, and its object, are certainly praiseworthy. The more the people become enlightened upon the subject of medicine, the less will they have to do with quackery; the more they know of the complexity of the human structure, the less will they meddle with its operations, either in health or disease,

without the advice of a physician. A concise and familiar treatise on popular medicine, placed in the hands of intelligent parents and guardians, would keep out the herd of charlatans that infest society, and ensure to scientific medicine its proper rank, and notwithstanding the slight objections which we have noticed, as we believe the work before us to be a wholesome counseller in domestic society, we hope it may have a circulation such as it merits.

Household Surgery, or Hints on Emergencies. By JOHN F. SOUTH, one of the Surgeons to St. Thomas's Hospital. London: C. Cox, 1847.

The origin of this little book, valuable to the student, and to those and such as those for whom it was written, was a course of village lectures by its author, delivered to aid a literary institution; they were so well received and appreciated as to warrant their publication in the form of a book, to which has been given the above title. The work contains 340 12mo. pages, and is divided into two parts, the first of which is called the "Doctor's Shop." The first article under this caption, contains an enumeration of some thirty drugs, which it is proper to keep in every family in the country, and then follows a description of different poultices, fomentations, lotions, liniments, ointments, &c., and the manner of preparing and using them. Under the head of "Household Surgery," is a description of the mode in which blood letting, blistering, tooth-drawing, vaccination, bandaging, &c., are to be severally performed, with some general hints as to the manner of dressing ordinary wounds, of preparing persons who have received fractures for the reception of the surgeon, and of the means of removing them from place

to place, &c. Some very useful lessons are also given as to the treatment in stifling, drowning, hanging, &c., with observations on ventilation and general hygiene. The author asserts that he does not wish to interfere with the doctor, and only proposes "showing how to manage when and where he is not to be obtained, and the case is urgent," and very quaintly remarks: "But if the doctor is to be had, let no one despise his privilege, but avail himself of it; recollect what the best book says, 'honour the *physician*,' &c." * * * "Whoever neglects this advice, and doctors himself when he can be doctored, is in much the same case as the man who conducted his own cause, and had a fool for his client." It is a valuable little book; and we are glad to find so distinguished a surgeon rendering his branch of research and pursuit so accessible to his less informed neighbours by this cheerfully written book.

Woods' Quarterly Retrospect of American and Foreign Practical Medicine and Surgery.

We have received the first two numbers of, this new work. It is much on the same plan with Braithewaite's Retrospect and Ranking's Abstract, it is published by Richard and George S. Wood, of New York, at the low price of one dollar per annum. The first half of the work (32 pages) is devoted to American, and the remainder to foreign intelligence, and each division is again subdivided into departments of Practical Medicine, Surgery, Midwifery, Materia Medica, and a Bibliographical Record. It is a valuable addition to the list of American Journals, and the low price at which it is offered, requires that it should receive an extensive circulation, in order to be sustained. We hope this may be the case.

Summary of the Transactions of the College of Physicians of Philadelphia, from June to November, 1847, *inclusive.*

This welcome intelligencer has been received, and is as usual replete with interesting matter. The present number is principally occupied with the Annual Report on Surgery, by Dr. Isaac Parrish, which is devoted to the subject of etherization—giving a history of the origin and progress of the discovery. After noticing the fact of its free and satisfactory employment in this country, and particularly in the Massachusetts General Hospital at Boston, reference is made to its enthusiastic reception in England and on the Continent as the great American discovery; and interesting statistics are detailed from the French and German surgeons, which establish the fact of its safe and efficient employment in the hospitals of those countries. In the French Hospitals it has been used in 211 operations; out of this number 10 terminated fatally—less than the average proportion of deaths from the same operations in those institutions. Reference is also made to a most elaborate memoir upon the subject, covering 228 pages, entitled "Ether against Pain," issued from Berlin by John Frederick Dieffenbach, a celebrated German Surgeon, who has the reputation of being the largest operator in Europe, and having used the remedy in a great variety of cases, considers it one of the most important discoveries of the age, though he is of the opinion that it is of no advantage to the surgeon, and he uses it only for the sake of the patient. In the practice of obstetrics the use of the ether is steadily on the increase, though there is not sufficient testimony to warrant its universal employment at this critical period. Dr. Walter Channing, of Boston, is quoted as the first to employ it in the practice of midwifery in this country. As a therapeutical agent the ether inhalation has been used in a variety of diseases; and a case is detailed in the report, of an eminent member of the medical profession in Philadelphia, and a Fellow of the College, who suffered from a violent attack of spasm of

the neck of the bladder, where the ether was used with a most soothing and delightful effect, producing refreshing sleep after all anodynes had failed. From seven to eight ounces of ether were used during the attack, and no particular excitement or delirium was produced; the functions were naturally performed, and recovery took place without any unusual symptoms.

After giving the favourable side of the picture, the author has very fairly collected and arranged the counter reports which he has been able to obtain from the various medical journals, both at home and abroad. Ten cases of death following the use of ether, and supposed to be more or less attributable to its influence, have been reported. Dr. Parrish has examined these individually and critically, and draws from them the following deductions.

"*Firstly.* That *no* case is reported where the patient died from the *immediate* effects of ether, and hence that asphyxia, apoplexy, or fatal bleeding had nothing to do with the result.

"*Secondly.* That all the deaths occurred after severe operations, considered in themselves dangerous to life, and that in those cases where death occurred without reaction, the symptoms were in no way peculiar, or different from those occasionally observed after all large operations.

"*Thirdly.* That in two of the cases reported as probably attributable to ether, the peculiar effects of the article were not fully induced, both patients declaring that they had suffered pain.

"*Fourthly.* That the post-mortem appearances, so far as reported, furnish no satisfactory evidence that ether had any agency in producing the fatal result.

"Taking an impartial view of these cases, we can see no ground for attributing to ether the fatal issue. Unless it could be shown that ether produces serious secondary effects, developing themselves some days or weeks after its administration, it does not appear philosophical to attribute results to it which have occurred long after the nervous system has recovered from its influence, especially when such effects may be fairly referred to other more obvious causes. Nor is it at all probable, reasoning from analogy, that these remote evils would arise.

A diffusible evanescent vapour, which operates in a few minutes and passes off as rapidly, could scarcely leave behind it a permanent impression upon the system. The changes which it effects in the blood are the result of chemical reactions, which must cease as the vapour is withdrawn, and as the atmospheric air has free access to the breathing surfaces, and whatever mischief is induced should be as sudden and decisive, as the action of the producing cause.

"What, then, is the position of the question so far as the present state of facts will enable us to decide?

"On the one hand, in favour of the safety and efficiency of ether as a means of destroying pain, we have the concurrent testimony of many of the most eminent surgeons and obstetricians in this country and in Europe; not men of a day, who seize upon every novelty as a truth, or take hold of every plausible scheme which promises ephemeral notoriety, but eminent physicians who have been connected for a long series of years with some of the largest hospitals of the world, and whose names are inseparably connected with the history and literature of these departments of science. In the hands of these masters of our art, ether has been given in a multitude of the most difficult and hazardous operations in surgery, its powers have been tested in various conditions of the economy, in childhood and in old age, in the feeble and vigorous, and in the sick and the healthy. It would of course be impossible to estimate the number of important operations which have been performed under the influence of ether within the past year, or since the practice has been introduced in different parts of the world; but when it is remembered, that from the first announcement of the discovery in Boston up to the present time, etherization has been adopted as a preparatory measure, before all large operations at the Massachusetts General Hospital, and that it has been similarly employed to a great extent in the private surgical practice of New England, and to a limited extent in the public and private practice of many surgeons in other parts of the Union; it must be acknowledged that the experience of this country alone would furnish a very large number of cases in which it has been used with entire safety and effect.

"But when we extend our vision to foreign countries, and call to mind that during the past nine months it has been adopted in most of the large hospitals of Great Britain; in the vast hospitals of Paris, and for the last six months, in the numerous institutions of like character in Germany, including the immense hospitals at Vienna and Berlin, we can form some idea of the extent to

which it has been carried, and of the firm hold which this great American discovery has taken of the mind of the scientific world."

Against these conclusions are arrayed various objections, based upon the theory that the inhalation of ether produces an alteration in the chemical and vital constitution of the blood—that it operates upon the vital fluid, causing a change in its character similar to that which occurs in malignant fevers—and that the liability to hemorrhage is much increased. Touching this subject we make another short extract from the report.

"In regard to the post-mortem appearances of the blood, viz. its darkness and fluidity which have been so much insisted upon as evidences of the injurious action of ether; these prove nothing, as they occur in connexion with so many other morbid conditions as not of *themselves* to justify any positive inferences as to the pathological condition of the fluid. An eminent pathological anatomist in London, recently stated to Dr. Forbes the following opinion on this subject. 'It has,' says he, 'always been in my mind that the state of the blood coincides with so great a variety of morbid changes, that I should never be able to rely on it, as characteristic of any thing especially.'

"But against these hypothetical objections, we have the much more positive evidence of facts. In none of the deaths reported as occurring after the use of ether, has hemorrhage been considered as the cause, and some operators have even remarked that the hemorrhage after large operations upon etherized persons has been unusually small. There is also a general concurrence in the reports as to the facility with which wounds heal, and no complaints which we have seen of the occurrence of undue inflammation, sloughing, or other untoward symptoms."

The author does not, however, recommend the use of ether indiscriminately, but points out the class of cases where it seems to him most appropriate, and appears to have discussed the subject in a fair and candid manner. The report thus concludes:

"In concluding this rapid sketch of the history of this impor-

tant discovery, we cannot avoid the conclusion, that the facts now before the profession attest the safety and efficiency of sulphuric ether in destroying the pain attendant on surgical operations. As it regards the more extended application of this agent to the practice of obstetrics, or to the treatment of painful diseases, or even as it relates to its general use in surgery, future experience must determine. Like other powerful remedial agents, the propriety of its employment in particular cases must be judged of by the attending practitioner, guided by the best lights at his command.

"That the discovery of the peculiar properties of ether is likely to prove highly beneficial in the practice of surgery, we cannot doubt, and if future investigations should confirm the experience of the past year, it is obvious that a most important change will be effected in the practice, not only of this department, but also of obstetrics.

"If the pain attendant upon the knife of the surgeon, and the still more concentrated agony which is the invariable concomitant of the parturient act, can be banished; while in the one case the surgeon proceeds with his duty, and in the other, nature accomplishes one of her most important offices, then has science achieved a victory over disease and suffering of the highest interest to our race. It may be that future experience will cast a shade over the fair prospect which appears now to be unfolding, and that this event may never be realized; in the meanwhile, it becomes us carefully and impartially to contemplate the progress of this discovery, and to do what our hands find to do in establishing the Truth."

We find also in the Summary the proceedings of the College in reference to the practice which prevails to a considerable extent among Apothecaries in Philadelphia, of prescribing for diseases and accidents. The report of a committee upon the subject recommends a circular to be addressed to the Apothecaries, expressing the intention of the College to exert its influence to separate the business of prescribing and compounding medicines; and inquiring of those to whom the circular may be sent, whether they are willing to co-operate in the movement, &c. &c. We are glad to see that this subject is in hand, and hope that it may be so conducted as to remove a growing evil.

Materia Medica and Therapeutics. By MARTYN PAINE, A. M., M. D., Professor of the Institutes of Medicine and Materia Medica in the University of New York; member of the Royal Verein für Heilkunde in Preussen; of the Medical Society of Leipsic; of the Montreal Natural History Society, and other learned institutions. New York: Samuel S. & William Wood, 1848.

This work has been received too late to allow of the extended notice which it appears to deserve. It contains 411 pages, and is intended as a "compendium of Rational Therapeutics," and to "indicate the relative therapeutic value of the various articles under their different denominations, by arranging them in the order of their value."—*Preface.* The conciseness of the work renders it convenient for reference, and the novelty of its arrangement, consists in its treating of remedies which have not been noticed in detail by authors on materia medica generally. The different classes of remedies, are divided into orders, and each order has its subdivision. Thus we have the first class, antiphlogistics, divided into blood-letting, cathartics, emetics, &c. &c. And the first in the order, blood-letting, is subdivided into general blood-letting, leeching and cupping, attended with directions for performing these operations, some "general conclusions relative to loss of blood," &c.

To the student particularly, it must be a valuable work. It may be obtained at 201 Pearl street, New York.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FIRST MONTH, (JANUARY,) 1848.

QUACKERY.

The law of New Jersey discriminates between physicians and "irregular bred pretenders to the healing art." It imposes heavy penalties upon the latter for prescribing in cases of disease; and it asserts what is the legitimate course to be pursued in order to become a legal and responsible practitioner of medicine. While we do not advocate the idea that physicians should institute legal processes against those whom the law pronounces illegal practitioners, we believe that it would be interesting to the profession to know how many there are in our State who avow themselves as the open violators of law in this respect; and the by-laws of the Medical Society make it the duty of the reporters in the several districts to embody this information in their Annual Report to the Standing Committee. We believe there are many cases of mal-practice which have resulted in death to its unfortunate victims, that are subjects of common notoriety in different neighbourhoods, the facts of which ought to be collected and submitted in the reports. We are aware of the difficulty in testifying positively to what are asserted as facts without having witnessed them, but the evidence in some instances is so plain as not to admit of contradiction. We believe a case to have occurred in a neighbouring county, of a female with a femoral hernia, who was visited by a Thomsonian on account of the pain and sickness resulting from the protruded bowel. He pronounced it a "gathering," and ordered poultices and fomentations. After

some hours had elapsed he was sent for to see his patient, whose pain had increased, and who was no doubt suffering the tortures of strangulated hernia. Presuming that the applications had "*drawn*" the part successfully, and that it was now ready to open, he plunged his lancet into the sac, and a discharge from the intestine ensued. The patient, though somewhat relieved from the severity of her pain, found herself the victim of that most loathsome infirmity, an artificial anus, and in a few days died, from the combined effect of bodily and mental suffering. A few well authenticated facts of this description, published to the world, would do more to diminish confidence in false systems of practice, than all the personal or combined opposition which we can exert against them; we believe too, that the most honourable, as well as most effectual plan of testifying against such systems, and those who practice them, is to prove the dignity of our own profession by an upright and uncompromising deportment. We hope the Reporters will not lose sight of this subject.

BIRTHS, MARRIAGES AND DEATHS.

In our last number were inserted the proceedings of the National Medical Convention on the subject of securing by law a record of Births, Marriages and Deaths; we refer to the subject now to solicit attention to the resolution of Dr. Fithian, adopted at the late semi-annual meeting of the State Medical Society. The resolution proposes that physicians in different townships shall procure from sextons, and other persons, a list of all those who may be interred in their respective burial grounds, with the names and duration of the diseases to which said deaths may be attributed. We think the idea a good one, and we see no reason why a record of births may not as conveniently be made in the same list, and the whole arranged in tabular form. Any physician who might undertake the task, could, by conference with his professional friends in the same township, keep such a table with but little inconvenience; and

we trust that Dr. Fithian's example in this respect may stimulate others to do likewise. The Committee to whom is entrusted the duty of presenting this subject to the Legislature, will be much strengthened in their efforts by the fact that physicians in different sections of the State have already voluntarily entered upon the work, and only await the favourable action of the Legislature to sustain them in its prosecution and completion. A record of marriages may also be obtained from the various civil and religious authorities under whose direction this rite is accomplished.

How many township reports of births, marriages and deaths, shall we have for publication in our next number?

CHLOROFORM.

We invite the attention of our readers to an article in the Eclectic department, on the use of Chloroform, as a substitute for sulphuric ether. Its employment in several surgical operations and obstetric cases is noticed, and the facts detailed will be read with interest. We are informed that Professor J. B. Rogers, of the University of Pennsylvania, and others, have prepared the article, and that it has been successfully used by Professor Samuel Jackson, as a therapeutic agent in several obstinate cases of disease. We have as yet, heard nothing of its use in surgical practice, though we have no doubt that its powers will be speedily tested. Whether it possesses any real advantage over the latter agent, remains to be seen. In considering the conclusions of our transatlantic friends, we must remember that the discovery was made by themselves, and that they no doubt feel a laudable pride in sustaining its character, as at least equal in merit to the American discovery. Actuated by something of this feeling, we confess ourselves unwilling to surrender at once, the claims of the ether to those of the chloroform. The triumphs of the former have secured for it a reputation which it will be difficult to supplant, except by some very positive evidence of the superiority of the latter.

BIOGRAPHY OF PHYSICIANS.

We are happy to announce to our readers, that several of our medical friends have volunteered to prepare biographies of some of the older physicians of the State, who have been, in their day, active in establishing the Medical Society, and in other means of improving the character of the profession, &c. Such reminiscences can not fail to be interesting, and we hope the name of every honourable and distinguished physician of New Jersey, who has lived before us, may have its place in our record, and that the plan may be continued, so as to secure a biography of the life and character of those who may successively leave the stage of action. Almost every medical man in the state must have access to some means of ascertaining the history of those who have preceded him; and we trust that so far as such facts may be useful or interesting to the living, that they may be compiled and sent us for insertion in a Biographical Record which will appear in the pages of the Reporter, whenever there may be materials furnished to warrant it.

The following letter and obituary notice, just received from our friend, J. B. Potter, M. D., of Bridgeton, will form number one, of the series in our biographical record.

BRIDGETON, Jan. 10th, 1848.

Mr. Editor,—It is to be acknowledged in our draughts on the past, that we should be careful lest "distance lend enchantment to the view," and we draw up from "old, to this present," things "unpicked, unchosen." But incited, I trust, by the laudable spirit abroad in some parts, and which ought to pervade the whole of our State, of selecting from the rubbish of by-gone days, "whatsoever things are of good report," I send for your inspection an obituary of Dr. Jonathan Elmer. It was taken, probably, from the Trenton Federalist, and written, it is said, by Lucius Horatius Stockton. If you can spare a nook in your Reporter for its insertion, it may present anew to us the memory

of a man eminent in his time, and an ornament to our profession. Dr. E. was a fellow of the American Philosophical Society, and distinguished as a civilian. He was one of the ten that constituted the first class of the oldest medical school in this country, the University of Pennsylvania, which graduated June 21st, 1768. In his library are about twelve bound manuscript volumes, (octavo,) some of which are entitled "Praxis Medica," interspersed with the practice of the principal physicians of Philadelphia; particularly of Drs. Redman, Bond and Morgan. Among them also is an essay on the "Motion of the Heart, delivered (by him) at the meeting of the Junior Medical Society," in the Pennsylvania Hospital, in December 1767. Bound up among some of his other books, is his Inaugural Thesis, in Latin, entitled De Causis et Remediis Litis in Febribus, and dedicated "Niro Perillustri *D. Benjamino Franklin*, L. L. D., R. S. S., Armigeros, Societatis Americanæ, Philosophicæ *Præsidi*, en inclytæ, nostræ Provinciæ *Nov-Cæsaræ*, in Aula Brittanica, *Procuratori*, Honoratissimo: Viroque Præcellentissimo, Guliemo Franklin, Armigero, Provinciæ Supradictæ Gubernatori, Dignissimo, &c.

Bound up also in the same volume, is the Thesis of his classmate, Dr. James Tilton, of "Kent county, on the Delaware," "De Hydrope."

Dr. Elmer died Sept. 3d, 1817, and lies with his kindred in the Bridgeton church-yard, West Jersey.

The death of JONATHAN ELMER, announced last week, merits a more particular obituary notice. This distinguished man was a native of the county of Cumberland, New Jersey, and sprung from an ancient and respectable family. In his youth he enjoyed the advantages of a good education, and devoting himself to the study of medicine, he graduated as doctor in that science, in the University of Pennsylvania, at the commencement in 1768. He soon began the practice of physic in his native county, and speedily attained to a grade in that important profession, which elevated him beyond rivalry in his own local sphere, and by his profound erudition placed him on an equality with the first physicians of the age. At the beginning of our revolutionary struggle, he did not hesitate im-

mediately to array himself with those patriots who armed in defence of American liberty. He was early elected to Congress, where his useful services were duly appreciated, and afterward, in many other important stations, legislative, executive and judicialy, he persevered to the end of that eventful and glorious contest which he had the happiness of seeing terminate in the established independence of his country. Nor did his political career here terminate. Such was the continued confidence placed in him, that in the year 1789, he was selected as one of the first representatives of the sovereignty of New Jersey, in the Senate of the United States under the present federal constitution, and by his great talents, in union with Adams, Paterson, Ellsworth, Ames, Boudinot, Schureman, Sinnickson, Cadwallader, and other patriots, contributed to the successful organization of our government under the administration of President Washington. Retiring from this scene, at subsequent periods, in a sphere of action more limited, he for several years presided with the greatest ability in the court of common pleas of the county of Cumberland.

His literary character was remarkable, and worthy of being held up as a model to excite the emulation of our American youth. Educated at a period when real science in this country was much less extensively diffused among the instructors in our schools, than it is at this time, such was the strength of his intellectual powers and his perseverance in study, that he attained to a degree of excellence in the three learned professions, by which he would have been distinguished in any age or country in the world. It was impossible for a learned and discerning man, conversing with him even for a short time, to be insensible of the superiority of his attainments. With every branch of theology and ecclesiastical history, it is said by those who are proficients in those branches of knowledge, he was intimately acquainted. If the writer of this feeble tribute to his memory may presume to judge of those subjects in which he has, from his youth, been conversant—in the knowledge of general literature, and the common, statute and equity systems of jurisprudence in England and New-Jersey, the deceased was profoundly learned. In medical erudition, the writer well remembers to have heard his illustrious contemporary, the late Dr. Rush, frequently say, that he was exceeded by no physician in the United States. In his political opinions, though sensible as became a philosopher of the honest diversities of the human mind, and therefore perfectly tolerant of those from whom he differed in

sentiment, he was ever an undeviating disciple of the Washington School, and unyielding to the prejudices, errors and follies of the day, he did not shrink from adhering to the integrity of his principles, though with the certain knowledge, that this course would consign him to the obscure vale of private life. There he chose to remain, with his friends and co-patriots, and by the dignity of his deportment and the cheerful tranquillity of his life, reminded us of the sentiment of the elegant poet—

> "That more true joy Marcellus exil'd feels
> Than Cæsar with a Senate at his heels."

With all the splendor of his character he was not ashamed of the Gospel of Christ, which, believing to be the power of God to the salvation of sinners, and affording to him the only solid ground of hope in the felicity of the life to come, he was for several years united in christian communion with the society constituting the Presbyterian church in Bridgetown. Such was JONATHAN ELMER! He has descended to the grave leaving a large and respectable circle of friends, relatives and fellow citizens, to lament his death. Few of his fellow labourers of equal distinction, survive, and in the course of nature, are daily disappearing from the stage of action.*

A.

OBITUATY NOTICES.

The celebrated Prussian Surgeon, John Frederick Deiffenbach, died of appoplexy, immediately after his lecture on the 11th of November, 1847, in the amphitheatre of the Hospital of Berlin.

On the 4th of October, John Morgan, for twenty years lecturer in Guy's Hospital, London.

Recently—of aneurism of the aorta, Robert Liston, a distinguished Surgeon of England, and author of Liston's Practical Surgery.

* He was President of the New Jersey Medical Society in 1787.—ED.

ECLECTIC DEPARTMENT.

The Committee appointed under the sixth resolution adopted by the Convention which assembled in New York, in May last, to prepare a Code of Medical Ethics for the government of the medical profession of the United States, respectfully submit the following Code.

JOHN BELL, G. EMERSON, T. C. DUNN, ISAAC HAYS, W. W MORRIS, A. CLARK, R. D. ARNOLD,

Philadelphia, June 5th, 1847. *Committee.*

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART.—*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with

discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality,

that moral duty, which is independent of and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance than he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business, nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physicians should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any inten-

tion of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, and to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which

greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminences is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to ob-

scure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependant upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependant on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability

recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalship or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variation in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional

engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should

seduously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal

insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighbouring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent: because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical.*

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of

medical policy, public hygiène, and legal medicines. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical policy of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially when they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section one of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to

use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism,—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

CHLOROFORM.

Translated from the French for the New Jersey Medical Reporter.

"When the Medical Union of the first of January last was the first to call the attention of the Medical Profession of France to the remarkable effects of the Ethereal inhalation, who could foresee that before the end of the year, the ether, scarcely in possession of the happy privilege of taking away from Surgical operations, their awful tortures, should see itself dethroned by a substance yet more beneficial. * * * * Professor Simpson, of Edinburgh, whose interesting operations we have already often mentioned, after numerous experiments pursued with as much zeal as success, has just demonstrated a fact of great importance, already announced in France by M. Flourens. It is the anæsthetic property of the perchloride of formyle or Chloroform. To give to France and to French Physicians all the honour of priority in this discovery, we will cite the following passage of an account given by the Academy of Sciences, at the sitting of March 8th, 1847, Vol. 24. p. 342." M. Flourens expresses himself thus, "We remember that chlorohydric ether has given the same result as

sulphuric ether, and the use of chlorohydric ether has led me to try the new substance under the name of chloroform. At the end of some minutes the animals submitted to the inhalation of chloroform were entirely etherized. We exposed the spinal marrow, the posterior nerves were insensible, and on five anterior nerves being successively tried, two alone were capable of motion, the three others had lost it." Thus it is incontestible that M. Flourens was the first to employ the chloroform; but to M. Simpson, as we shall see, belongs the honour of having tried it on man, in a manner, entirely satisfactory. From the beginning of the employment of the ethereal vapour, the strong persistent and disagreeable odour of sulphuric ether, the irritation which it often produces on the bronchial tubes during the first inhalation; the considerable quantity of the liquid which is necessary to produce the effect especially in the prolonged cases of accouchement, &c., inspired M. Simpson with a desire to find a volatile liquid which might offer the same advantages as the ether without its inconveniences. In this research he has successively reviewed several chemical products which he selected on account of their agreeable odour, and of which we give here the enumeration for those of our readers who should like to enter upon the same researches. The chlorohydrate of chloric acetyle, or liquor of the Dutch, the nitrous ether, the *benzine la vapeur d'iodiforme*, and at last the Chloroform, which ought to compensate him for all his trouble. It was after the counsel of M. Waldie that he undertook to study the properties of this last agent. The chloroform is a limpid, colourless liquid, very volatile, endowed with an agreeable odour, and sweet, pleasant taste. It had been discovered and described by M. Soubeiran, and M. Leibig in 1842. M. Dumas had determined its composition in 1835. Some physicians have prescribed it internally. Dr. Guillot has advised it in small doses, suspended in 100 parts of a vehicle as an antispasmodic in Asthma. Before publishing his discovery, M. Simpson carefully observed the effects of the *anesthesique* agent, in numerous and varied cases. By the happiest chance, Professor Dumas found himself at Edinburgh at the epoch when the first surgical operations were performed, in which they had recourse to the inhalation of chloroform.

These facts thus acquire a greater degree of authenticity and, as M. Simpson says, Professor Dumas could not witness with-

out lively interest the effects of a substance, with the history of which his name is so intimately connected. These operations were performed at the Royal Infirmary of Edinburgh.

A child of 4 or 5 years old, affected with necrosis in one of the bones of the fore-arm, who could only speak the *Gaelic* dialect, and to whom of course we could not explain what was to be done, was the first submitted to the inhalation of Chloroform. We approached him with a handkerchief on which a little of the chloroform had been spilt: this movement, which he did not understand, alarmed him, and he made efforts to escape, but Dr. Simpson restrained him gently, and caused him to breathe the vapour which emanated from the handkerchief. After a few inhalations, the child ceased crying, fell into a profound sleep and began to snore—Professor Miller immediately made a deep incision, penetrating to the injured bone, and with forceps withdrew the radius, in a state of almost total decay. During this operation, and the explorations of the wound with the finger, the child did not give the least evidence of pain.

He remained in a sound sleep, and was carried back to bed in that state. At the end of half an hour, like a child who awakens from a natural sleep, his eye was sparkling and clear, and his countenance mild and peaceful—a result which we do not commonly obtain after etherization. After this child, it was the turn of a soldier, who had an ulcer on the cheek, in consequence of exfoliation of the maxillary bone. The chloroform was presented to him on a sponge of conical shape. At first he seemed disposed to move his hands, but he soon fell asleep and snored. Prof. Miller then made a long incision which crossed the inferior jaw, and the hardened skin which adhered to this bone was separated by a long dissection, the edges of the ulcer were cleansed, and the union of the wound was maintained by several points of suture. This fact offers, above all, some interest, as it treats of an operation practised in the region of the mouth, and it has been said that ethereal inhalation was not applicable in cases of this kind. It certainly would have been impossible to operate if a complicated apparatus had been placed at the mouth of the patient. The third patent was a young man who was affected with necrosis of the first phalanx of the large toe, and ulceration of the integuments. He commenced inhalation by means of a sponge, as in the preceding case. The patient became insensible almost immediately—in the space of half a minute—and remained perfectly quiet while they took off the

morbid mass by means of amputation of the large toe, on a level with the middle part of the second phalanx. The last operation was done by Dr. Duncan. The quantity of chloroform employed in the three cases just narrated, did not exceed in the whole 15 grammes, and Prof. Miller remarked to the pupils that in order to produce the same effect, it would have been necessary to have used several ounces of ether. M. Simpson, who for more than six months had employed the ethereal inhalation with but few exceptions in the cases of accouchement which occurred in his practice, and this with the most satisfactory results, could not fail to employ this new anæsthetic agent. The first woman to whom he applied it, had already had her first accouchement, which, after three days of suffering, could only be terminated by perforating the head of the fœtus. In her second labour, three hours and a half after the commencement of her pains, and before the first stage of labour was accomplished, M. Simpson placed her under the influence of chloroform. To do this, he rolled a pocket handkerchief in the form of a funnel, wet the extremity with half a coffee-spoonful of liquid, and applied it to the mouth and teeth of the woman. In consequence of the evaporation, it was necessary to moisten the handkerchief a second time in the space of ten to twelve minutes. The child was born twenty-five minutes after the commencement of inhalation, the mother remained longer asleep than when the ether was administered to her; the cries of the child did not awaken her at all, as we commonly observe when this last agent has been employed; she awoke some moments after the expulsion of the placenta, and after the child had been taken to another room; then she looked about her, saying that she had enjoyed a good sleep, which she much needed, and that would now render her able to bear her pains. After a few minutes, finding no pains at all, she expressed a fear that the sleep might have suspended her labour, and they took much pains to convince her that she was already delivered, and that the child they presented to her was her own. All the facts which we have thus briefly related, are indispensable in order that our readers may acquire an exact idea of the effects produced, by the inhalation of chloroform, and that they may appreciate the differences which exist between these effects, and those of the sulphuric ether. In fine, M. Simpson has before him more than 50 cases of chloroform inhalation, which have enabled him to lay down the following conclusions, which we extract from a work he has been pleased to address us.

1. Much less chloroform is required than ether to produce insensibility. From 100 to 120 drops, and sometimes much less, suffices.

2. Its action is more rapid and complete, while it is generally more durable; very often from 10 to 20 full inspirations will produce the effect; the time of the surgeon is thus spared; moreover, the period of excitement which belongs to all the narcotic agents is shortened or even annihilated, the patient does not manifest the same tendency to hilarity and talkativeness.

3. The inhalation of chloroform is much more agreeable than that of the ether.

4. By virtue of the small quantity of chloroform which is necessary, its employment will be less expensive than that of the ether, much more so as there is room to hope that the process of obtaining it will be simplified.

5. Its odour is far from being disagreeable. Its perfume does not adhere to the clothing, and is not exhaled from the breath of the person in taking it, as is generally the case with ether.

6. As much less is wanted, it is much easier to be carried about than the ether.

7. It does not require the employment of any apparatus or instrument; it generally suffices to produce the desired effect in one or two minutes, to spill a little of this liquid in the hollow of a sponge, of a conical form, or on a pocket handkerchief, or a piece of paper, which is held on the mouth and nostrils; in this manner the inhalation is soon made.

The learned gentlemen, says M. Simpson, to whom we are indebted for the knowledge of chloroform, had no expectation that it would at some future time be applied to such an important use.

Is this not a good reply, among many others, to all those who appreciate discoveries only from their immediate practical results, and who condemn all researches inspired exclusively by a love of science. Here is a substance which at first appeared to have interest only as an object of scientific curiosity, but which subsequently acquires an immense importance.

The process employed by M. Soubeiran, in the preparation of chloroform, consists in treating the hypo-chloride of lime by 1.24 of its volume of alcohol; at the end of 24 hours he distils, by mild heat, taking care not to fill the horn but two-thirds, in order that the mass may not overflow. He adds water to separate from the alcohol, the perchloride of formyle which is

rectified over a sand bath. In order to obtain it perfectly pure, he allows it to digest on chloride of calcium, and distills again with concentrated sulphuric acid. * * * They have commenced this week to make use of chloroforme in the hospitals of Paris. Some patients put to sleep by the inhalation of this substance, have been operated upon without feeling any pain, and on waking, they have felt as well as usual. The results have generally answered the expectations which the facts submitted by M. Simpson have revealed.—*French paper.*

Case of William Freeman, the Murderer of the Van Nest Family. By BLANCHARD FOSGATE, M. D., of Auburn, N. Y. —William Freeman—the murderer of the Van Nest Family—was a native of Auburn, Cayuga Co., N. Y., twenty-three years old. In stature he measured about five feet seven inches, and when in health weighed in the vicinity of one hundred and fifteen pounds. He had a broad chest, and was of muscular make. With the exception of a slight admixture of aboriginal blood, he was of African descent.

At the age of sixteen he was sentenced to five years' imprisonment in the State prison at Auburn, for grand larceny. It was long since conceded that of this charge he was innocent. His sentence expired in September, 1845. He left his prison conscious of the injustice he had suffered, and had imbibed an idea that he was entitled to pay for his time. This sentiment could not be eradicated from his mind, and on several occasions he applied for warrants against those he supposed liable. Remuneration with him was the *one idea.* Failing in this mode of obtaining redress, he armed himself with a common butcher's knife, and a cane with a blade attached to the lower end, and from his lodging made his way to the Owasco Lake, at about sunset on the 12th of March, 1846. After examining two or three premises, he finally selected the residence of Mr. Van Nest as the proper place to begin "his work," as he termed it, and there massacred Mr. Van Nest, his wife and one child, aged two years, and Mrs. Wycoff, aged 70. He stabbed Mr. Vanarsdale in the chest, who subsequently recovered. In the affray he entered every room in the house, both above and below, but took nothing away. He went to the stable, unfastened and mounted a horse, and was some rods from the scene of devastation in the incredibly short space of five minutes from the time of entering the house, as was proved in

evidence. Three days afterwards he was committed to Cayuga county jail to await his trial.

He was tried at a special session of Oyer and Terminer, July, 1846—first, as to whether he was sane at the time of trial, and secondly, on the indictment. A verdict of *sufficient* soundness of mind to be put on trial was rendered on the preliminary issue, and of wilful murder on the indictment. Subsequently, however, a new trial was granted by the Supreme Court. A trial calling forth so much talent in its prosecution, and arousing such fearful excitement among the people, is of rare occurrence.

On the part of the people, the cause was conducted by Hon. John Van Buren, Attorney-General of the State of New York, and for the defence by Hon. William H. Seward, ex-governor of this State.

My knowledge of the prisoner commenced on the 16th of March, 1845, being the day after his commitment, and it continued until the completion of a post-mortem examination of his body on the twenty-first of August, 1847.

During the scene at Van Nest's, he received a severe wound in the articulation of the right thumb with the carpus—the artery barely escaping division. This circumstance saved the lives of other members of the family, because, to use his own expression, "he could'nt handle his hand any longer."

My services were required on account of this injury. In addition to the wound, I also found him entirely deaf in the left, and partially so in the right ear.

It was a singular circumstance that he never made an inquiry as to either the extent or condition of the injury, or the time necessary to complete a cure, or the prospect of recovering the use of his hand—though it was the right, and as a labourer was his main dependence. Neither did he complain of any sensibility in the wound, although the physical evidences of pain accompanying the inflammatory stage were such as to leave no doubt of its existence. In fact from the time of his commitment until the day of his death, although he often saw, and was attended by me through his last sickness, he asked only two questions, one about his medicine, the other regarding his diet, and these were made during his last illness.

During the principal part of his incarceration, he passed his time standing; his body erect—his head a little drooping, and with arms folded. He sustained this posture with statue-like stillness—indicating great muscular strength. He exhibited a

calm, quiet expression of countenance, occasionally broken by a smile, which had the appearance of just bursting into laughter, but would quickly subside leaving the same unalterable expression, as undisturbed as though a gleam of mirthfulness had never occupied his fancies. To the careless observer, it appeared as though he endeavoured to suppress an irresistible propensity to laugh. This smile was never accompanied by any vocal sound, but often glowed upon his feature, regardless of time, place or circumstance, indicative of intense mental emotion. For this emotion he could never assign a cause. I say he never could, because, when asked, he always said he 'didn't know.' My conclusion is also based upon the remarkable fact, that on the trial *seventy-two* witnesses on both sides coincided in the opinion, that the prisoner did not intend to deceive in any reply made to the numerous interrogatories put to him.

His deafness increased until the sense of hearing was nearly, if not quite, obliterated. I doubt whether he heard any conversation for the last two weeks of his life; at all events, I could not get a reply that harmonized with my question.

On the 12th of April, 1847, I was called to see the patient as being "not very well." He had a quick thready pulse—considerable cough, with free expectoration—not much appetite, but rather thirsty. He made no allusion to these symptoms, but directed my attention to his left ear, which discharged pus profusely. From this time forth, the aural discharge continued, accompanied by all the symptoms of tubercular phthisis, until his existence terminated, six days after the chain that bound him to the masonry of his cell had been removed.

About three weeks previous to his decease, I observed a prominent protrusion of the left eye, and upon further examination there proved to be an entire obliteration of vision. He could not close the lids over it, for they, with all the muscles of that side of the face, were paralyzed, and the mouth considerably drawn to the right. The cornea of both organs had much the same appearance. The loss of vision, I am inclined to think, was the result of functional, not organic lesion. The protrusion depended most probably upon the loss of muscular power in its motor apparatus, in common with the muscles of that side of the face. The globe, in *articulo mortis*, recovered in a great measure its natural location, as did the paralyzed muscles of the face—a common occurrence of facial distortion from nervous lesion at death.

Owing to insufficiency of light in the cell, but more particularly to the shattered condition of the patient—being deaf,

almost blind, and nearly speechless—no satisfactory account of symptoms or the effect of remedies could be obtained from him.

As this case presents points of interest in many particulars, I would remark that phrenologically, Mr. Fowler says, "he is very defective in the mental temperament, and has great predominance in the muscular. His propensities (with the exception of self-esteem and firmness, very large—and combativeness and destructiveness, large) are all small, and have but little influence. The intellectual faculties are not so small, yet, the quality of brain considered, their influence is quite limited. He has one of the most imperfect developements of brain I ever saw. He has no real balance to his mind; it is entirely onesided, he being at the mercy of circumstances, and the stronger propensities." (See *Phrenological Almanac* in press for 1848.) Another phrenologist, though of less notoriety, has allowed him a much better developement; but whatever the external evidences of mind the contour of his head may denote, they all have reference to a healthy brain.

I have measured his cranium in two ways: First, by passing a string across the frontal and around the spinous process of the occipital bones. It measured, in the greatest circumference, twenty-one inches. Secondly, after the directions laid down in Combe's phrenology by Callipers.

Viz. from occipital spine to individuality	7 3-8 inches.
" occipital spine to ear	4 4-8 "
" ear to individuality	4 6-8 "
" ear to firmness	5 3-16 "
" destructiveness to destructiveness	5 3-8 "
" cautiousness to cautiousness	4 7-16 "
" ideality to ideality	5 3-8 "

On proceeding to a post-mortem examination, the body was found extremely emaciated. The costal and pulmonary pleura, though easily separated, were extensively adhered, and the lungs were an almost entire mass of disease. Tuberculous matter was interspersed with abscesses throughout the whole organ. The pericardium contained about one and a half gills of serum. The heart contained polypi, but had a healthy appearance. Liver natural. Gall bladder a little distended. Mucous membrane of the stomach slightly inflamed. Intestinal mucous coat healthy. Mesenteric glands tuberculous. Urinary bladder distended. Kidneys natural. The peritoneum appeared healthy, but the sac contained some fluid.

Upon opening the cranium, the bones were found rather thinner than ordinary, particularly for a coloured subject, and the

dura mater was adherent to a portion of the occiput. The anterior portion of this membrane was congested and inflamed, with considerable serum between it and the arachnoid. This latter tunic was somewhat thickened and congested. The anfractuosities of the right hemisphere of the cerebrum were filled with serum. The superficial vessels of the right anterior lobe highly congested on the superior surface. Cerebellum to all appearance healthy.

The whole brain, separate from the dura mater, weighed 43 3-4th ounces avoirdupois. Cerebrum 38 ounces. Cerebellum 5 3-4th ounces.

On section of the medullary substance, it was found thickly studded with bright red points. The right thalami appeared to have undergone some change, and the whole superior brain was more or less congested. The membrane covering the petrous portion of the left cavity was congested, and the remaining parts of it appeared healthy.

There was caries of the inner part of the petrous portion of the left temporal bone. The membrana tympani, with the internal structure of the ear, most obliterated. There was a necrosis containing fetid pus, having no perceptible connection with the external ear.

Remarks.—The important question connected with this subject is, whether the pathological state of the brain, its membranes and the ear, was one of long standing or of recent occurrence? On this point rests the physical evidence of the prisoner's accountability.—If by possibility it could be determined that the organ of mental manifestation was without disease when the crime was perpetrated, then depravity unparalleled must be assigned as the only cause; and if so, the disease of the organ at his decease could not be held in extenuation of his crimes.

That the diseased condition of the brain was of long standing, appears to be unquestionable from the fact, that the mental organ could not sustain so great a lesion as the autopsy presented, without the mind having exhibited sudden and violent derangement, as well as other symptoms which accompany its acute diseases.—This, however, was not the case. He never complained of, or exhibited the ordinary symptoms in such instances, nor even gave evidence of any mental change whatever; but on the contrary, presented the same characteristics throughout. During his last sickness, there was not a single symptom indicating acute inflammation of the brain, and yet on examination after death, there were abundant and unequivocal evidences of inflammatory action there.

The disease of the ear also was chronic, and dated its commencement some months previous to the commission of the crime. On his trial it was proved in evidence that about two years previous, when an inmate of the state prison—he was struck on the head with a board, the blow splitting the weapon into fragments. He attributed his deafness to this cause, or, to give his own description, "it knocked his words down his throat—his ears dropped down—his kernels (meaning the tonsils) dropped." Now the infliction of this blow upon a thin skull, associated with his own account of its effects, would lead us to conclude that the concussion seriously injured the auditory apparatus. It possibly burst the tympanum, and if so, it opened a communication between the external ear and the fauces, which induced the remark that "it knocked his words down his throat," &c. Is it not a just conclusion, that from this injury the diseased action was set up which ultimately involved the whole brain?

Whether the facial paralysis was the result of cerebral congestion, or whether it was owing to a diseased state of the nerves of motion in connection with the condition of the ossa petrosa, may be questionable, because the nerves, as they passed the brain, were apparently healthy; but the right hemisphere of the brain being the most deeply implicated in the organic derangement, the paralysis would appear, as it did in this case, in the muscles of the opposite side.

It should not be forgotten, that the deceased had passed through scenes of blood seldom equalled, where but a single individual was the aggressor; that he had been surrounded by the wild fury of an enraged populace for hours; that he had been chained, and for a portion of the time bedded upon the stone floor of a dimly-lighted cell, for almost eighteen months; suffering the jeers and grimaces of inhuman and uncounted spectators; wasting by a slow process of consumption; sustaining the blight of one physical energy after another; with little compassion and less than ordinary attention; and through the whole period, having scarcely asked a question regarding either friend or foe, soliciting no favor, showing no hatred, exhibiting no remorse, entering no complaint, and through all, sustaining an *undisturbed tranquillity.*

From this concatenation of circumstances, this unruffled, equable, almost idiotic state of mind, that no external relation could disturb, or internal influence alter, we can scarcely come to any other conclusion by pathological reasoning, than that the state of mind which he exhibited, subsequent to his arrest, de-

pended on a chronic derangement of the mental organs, and must have existed antecedent to the crime itself. If such a combination of pathological facts, and all the other circumstances attending the prisoner from his arrest to his death, do not establish an unsound state of mind, they at least present one of the most extraordinary cases furnished by the annals of our race. Such a case demands the careful consideration of the philosopher and jurist.

How much the cause of justice and philosophy is indebted to the unwearied perseverance of the eminent advocate who withstood the tide of popular indignation in conducting the prisoner's defence, is left for other hands to register; but true it is, that over prejudice and ignorance, science has gloriously triumphed.—*Am. Jour. Med. Science.*

Remarkable case of Suicide, and Extraction of a Needle from the substance of the Heart. By J. G. GRAVES.—On Sunday, the 16th of August last, one of the most desperate acts of self-destruction was committed by a young man, aged 23 years, in Nashua, N. H. The young man had been slightly indisposed for a day or two previous to the act, and confined to his room. He requested his father, who was sitting near him, to leave the room, as he wished to get some sleep. He left the room for a short time, and on returning, found his son deluged in blood, with his throat cut most shockingly. I was soon in attendance—found the patient nearly lifeless, with three extensive cuts across the neck. The cuts were through the hyoid, and between the thyroid and cricoid cartilages, severing entirely the larynx. On the left side, over and along the course of the fifth rib, there was an extensive cut down to the rib. During the hæmorrhage, the trachea had become nearly filled with blood, rendering his breathing extremely difficult. I turned him over upon the side, when he quackled, and with a convulsive effort threw out a large quantity of blood from the trachea. I secured the bleeding vessels, dressed the wound, and left the house, with orders to give the patient brandy and water. After the lapse of two hours, or more, the messenger came again, saying that the patient had roused and wished to see me immediately. On my entering the patient's room, he said, "Doctor, I have got a darning-needle in my heart." I inquired how the needle came in his heart. His reply was, that he put the needle into his side previous to using the razor—that he feared the

needle was not going to make sure work, &c. He placed his finger upon the spot where he said he put the needle, which was just between the fifth and sixth ribs. At this point there was a puncture in the skin, like the puncture of a pin or needle. He at this time had the appearance of great suffering—his pulse rapid and strong—his breathing extremely difficult—every breath attended with a screech. From his own statements, and the attending symptoms in the case, I was of the opinion that there was something in his side or heart, and that I should be justified in making an effort to extract it. I accordingly made an incision between the fifth and sixth ribs, down to the intercostal muscles and made my dissection laterally, but could not find any trace of the needle. My next step was to cut down to the pleura, which I did by dissecting up the intercostal muscles. I now placed my finger on the pleura and pressed gently down, when I thought I felt a sharp point come in contact with my finger with every pulse of the heart. I now made my third incision through the pleura. It was now that I had a sight of the needle. By dilating the wound with the aid of retractors, I could distinctly see the heart act with the needle in it. With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood. The patient soon became more quiet, breathing less difficult; pulse less frequent; slept some during the night. Second day, has no pain; breathing easy; pulse 90; sleeps well; takes nourishment with much difficulty, on account of the division of the œsophagus. He continued to improve daily, up to the sixth day, when he was attacked with pleuritic pains, inability to swallow, and died on the eighth day after the needle was taken from the heart.

Post-mortem Appearance.—Pleura slightly inflamed around the wound. On the inner surface of the pericardium there was a puncture, resembling a leech-bite, where the needle entered. The pericardium contained no blood, and the heart appeared natural. On opening into the left ventricle, we found where the needle entered this cavity. There was a small membranous sac, about as large as a pea, formed in the left ventricle, which contained pus. Nature, it seems, had set up a process by which to protect herself, by throwing around the needle this adventious membrane.—*N. Y. Annalist.*

New method of procuring Insensibility under Operations.—Our inventive neighbours, the French, have contrived a new plan of procuring insensibility. M. Ducros is the surgeon who

practises the method alluded to, and has communicated the results of his experiments in several letters to the Academy of Sciences. The agent employed is the electro-magnetic current. Individuals who have been subjected to the current have been quite insensible to pricking or pinching at all parts of the body; and teeth have been extracted without their knowledge.

Dublin Med. Press.

Professorship of Insanity.—We are gratified to learn that a Professorship of Insanity has been established at one Medical School. The Willoughby University, Columbus, Ohio, has appointed Samuel M. Smith, M. D., Professor of Medical Jurisprudence and Insanity. We think there should be a distinct course of Lectures on Mental Maladies, at every Medical School. Dr. Smith has some practical knowledge of Insanity, having been an Assistant Physician at the Ohio Lunatic Asylum for several years.—*Amer. Jour. of Insanity.*

On the use of Ether and Perchloride of Formyle, or Chloroform, in Surgical Operations.—We are indebted to Dr. S. G. Morton, for the following extract of a letter from Dr. James Suddards, of Philadelphia, dated Paris, December 1, 1847.—*Medical Examiner.*

"In looking over the American papers a day or two since, I was somewhat surprised to read an article in the North American of our city, on the use of ether in surgical operations. The paper was from a gentleman in Boston, and recounted two cases of amputation, in which etherization had been employed with success; the wording, and indeed the whole tenor of his remarks, were such as to intimate rather an apology for a new discovery creeping into notice, than a description of what should now be considered an established therapeutical agent. It certainly is a matter of astonishment that in the very spot where its application for these purposes was first suggested, the surgeons and others, than whom there cannot be a more intelligent body in the world, should stand by, and doubtfully shake their heads, while the whole medical world of Europe should rise en masse, and loudly welcome the inventor as a benefactor of humanity. Is it not a shame to our country, and the profession, that we should calmly fold our hands before us, and allow our brethren in other parts of the world to reap the first fruits of a discovery which justly and rightly belongs to ourselves? To

show the estimation in which it is held here, I need only mention that I have not seen a single operation during the whole five months of my residence, in which etherization was not employed, and always with complete success; not an accident has happened, nor anything occurred to mar its happy effects. Indeed, so great is its reputation, that experiments have been made at the clinique of the faculty to see with what benefit it might be employed in labour; these operations I myself saw, and though they would scarcely justify an indiscriminate application, yet, as Dr. Smith of St. Bartholomew's, London, observes, they were so far beneficial as to lead us to hope great advantages, and stimulate to still further trial, if we might perchance lessen the pains of delivery, and do something for those who by nature and affection deserve so much at our hands. It would, indeed, be considered cruel to subject a patient to the pain of any operation, however trivial in itself, when its avoidance could be purchased at so cheap a rate. I trust that surgeons in America have at last awakened to the benefits of an agent which has so long been waiting at their very doors, and are beginning, though late, to avail themselves of its happy effects."

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MEETINGS.

New Jersey Medical Society, at New Brunswick, May 9th (Second Tuesday) at 10 o'clock A. M.

District Medical Society of Burlington, at Mount Holly, May 2, at 10 o'clock A. M.

N. B. The Board of Censors will be in session at Mount Holly on the day of meeting.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. I. FOURTH MONTH, (APRIL,) 1848. No. 8.

There having been no meeting of the New Jersey Medical Society since our last issue, we shall devote the space usually allotted to its transactions, to the following Biographical Notices.

SOME ACCOUNT OF JONATHAN JOHNSTONE, M.D., LEWIS JOHNSTONE, M.D., AND ROBERT McKEAN, M.D.

By E. J. Marsh, M.D.

Mr. Editor—The design of publishing in the Reporter, notices of the History of our profession in this State, and Biographical sketches of the eminent men who have adorned and elevated it by their virtue and intelligence, will, I hope, be carried out. Your professional brethren in the different sections of the State, I trust, will assist you by collecting the scattered fragments of Medical History floating around them; seizing upon the fading traditions of professional skill and eminence in their vicinity; noting down such personal recollections and professional anecdotes, as may come to their knowledge, and when leisure and materials serve, furnishing you with Memoirs adapted to your pages and purpose. Let us regard it as a sacred duty, due alike to the memories of our departed brethren, and to the honor and dignity of our profession. In this spirit, I send you brief notices of several of the earliest Physicians of East Jersey; they are necessarily brief, from the very scanty materials in my possession, and for nearly all of which, I am indebted to the MS. notes of Mr. William A. Whitehead, Recording Secretary of the New Jersey Historical

Society, to whose researches Jerseymen are indebted for much curious and valuable information relating to the early settlers and settlement of the State.

John Johnstone, of Edinburgh, was among the first emigrants from Scotland to New Jersey, arriving in 1685. He appears to have resided at different times, both in New York and New Jersey; but in 1721 took up his permanent residence in this state, and established himself in the new city of Perth Amboy, which the fond imaginations of its founders promised would be the future metropolis of this Western world. "His profession," I quote from Mr. Whitehead, "in which he was considered skilful, gave Dr. Johnstone those opportunities which are best calculated to exhibit goodness of heart, where it is possessed, and his charity and estimable character earned for him a special notice by Smith* in his History, and on his death, the following obituary appeared in the Philadelphia Weekly Mercury.

"Perth Amboy, September 19, 1732. On the 7th inst., died here in the 71st year of his age, Dr. John Johnstone, very much lamented by all who knew him, and to the inexpressible loss of the *poor*, who were always his particular care." James Alexander, writing to Governor Hunter, a warm friend and admirer of the Doctor, says "Dr. Johnstone died on the 7th inst., spent with age and fatigue in going about to serve those who needed his assistance."

Dr. Johnstone was not only known to his contemporaries as an estimable man, and a skilful Physician, but also was esteemed for his civil services. He served as a member of the Provincial Assembly for thirteen years, during ten of which he was Speaker of the House. He was also one of the Commissioners for settling the boundary between New York and New Jersey, and held at different times, other offices of trust and honor.

Dr. Lewis Johnstone was the third son of the preceding; he adopted the profession of his father, and as at that period there

* Smith's History at p. 424, says "He was an early settler in East Jersey: 13 years member of Assembly, and ten of the time, Speaker: he went through several other important offices with reputation. In his practice as a Physician, he was knowing and useful, and did many charitable acts; for the poor were generally the objects of his particular care."—Ed.

were no facilities for acquiring a good literary or professional education in this country, was sent abroad. He spent several years at Leyden, in Holland, at that time the chosen seat of learning and Medical Science, and whither youthful aspirants for the higher honors of literature and philosophy, repaired from all quarters of the globe. Here he received the instructions of some of the first Medical Teachers of the age; Booerhaave, the prince of modern Physicians, was still living; Albinus filled the chair of Anatomy, and Gaubius taught Chemistry. Here he formed intimacies and friendships with many of the distinguished scholars and physicians of the place, some of which he kept up by correspondence after his return home. Dr. Lewis Johnstone is said to have paid particular attention to the Flora of this country, and some interesting letters to him from Gronovius the Botanist, written in the years 1735, 6, 7, and 9, are in the possession of Mr. Whitehead. He established himself at Perth Amboy, and practised there for many years, with the highest reputation for learning and skill; dying at an advanced age in 1773.

Nec prosunt domino, quae prosunt omnibus, artes. Tradition reports, that Dr. Johnstone was haughty and austere in his deportment, very particular in his dress, and punctilious in his manners; careful to give emphasis to the *t* and *e* in his name, that he might not be confounded with the ordinary Jonsons of the day.

Robert McKean is recorded in the Annals of the New Jersey Medical Society, as one of its founders, and its first President. In the year 1763, he was appointed by the Society for Propagating the Gospel in Foreign Parts, Missionary to the city of Perth Amboy; he accordingly took up his residence in that place, and acted both in the capacity of Physician and Clergyman. This union has the sanction of the high example of the Founder of our religion, who, while preaching the Gospel to the poor, also healed the sick; and many Missionaries of recent times, have often found a knowledge of the Medical Art of great service to them, in the fulfilment of the duties of their higher and more important calling. The hours of sickness and sorrow, when the heart is softened, and the thoughts weaned for a time, from the world, afford the best opportunities for religious counsel and instruction. The Physi-

cian will be admitted and listened to, when the Clergyman may be shut out or repulsed. Although the wants and usages of established society require a division of the professions, and the best interests of each are promoted by such an arrangement, yet some knowledge of the Medical Art will often be found useful by the Clergyman, in his ministrations. The Physician, in his daily conflicts with peevishness and pain, and disease, and misery; in his frequent exposure to danger and death from contagion and infection; in his manifold trials of body, mind, and spirit, needs other support than earthly motives; other consolations than worldly gains; in a strong religious Faith, he has a support for himself, and a power which may often be most happily employed in controlling disease, or when the resources of his art fail, in cheering sufferers, by throwing the light of hope on the passage to the grave. Without strong religious convictions, the Physician, from witnessing so much of the ills of life, is apt to sink into the careless, easy-tempered sensualist, or harden into the cold, scoffing materialist.

Dr. McKean lived but a short time after the formation of the Society; dying in 1767, at the age of 35 years, leaving behind him an excellent character in both the professions in which he was engaged.

In the epitaph on his tomb-stone, erected by his brother, afterwards Governor of Pennsylvania, he is described as

An unshaken friend;
An agreeable companion;
A rational Divine;
A skilful Physician,
And in every relation of life,
A truly benevolent and
Honest man.

A character which all traditionary accounts agree in representing as no fraternal flattery, but just and true. While the members of our Society may congratulate themselves in having such a man for their first President, may they prove to the world that he is a fair representative of the character of the profession.

Paterson, N. J., March, 1848.

BIOGRAPHICAL NOTICE OF DR. SAMUEL DICK,

BY QUINTIN GIBBON, M.D.

The subject of the following sketch, Dr. Samuel Dick, enjoyed during his life, a high reputation for professional skill and attainment in this community. His claims to our favorable notice as a scholar, a patriot, and a practical man in the every-day forms of business, were perhaps, surpassed by no individual of his time, in this, his adopted county. Dr. Dick was born November 14, 1740, in Nottingham township, Prince George county, Md. He was the son of the Rev. John Dick, Pastor of the Presbyterian Church in New Castle, Del. At an early age be commenced the study of the languages at the latter place, and under the tuition of President Findley, Governor McKean, and the Rev. Dr. McWhorton, he became an accomplished Classical scholar.

Of his Medical education I have learned nothing certain. But as it was obtained prior to the establishment of the University of Pennsylvania, it was most probably wholly acquired in the office of a neighboring Practitioner; the only mode then practicable for those whose means or inclination did not prompt them to visit Europe.

Before the age of 21 years, he served as Surgeon's mate in General Wolfe's army, during the French war, and was present at the surrender of Quebec. Soon after the close of the French war he came to Salem county, and for some time taught a Classical School in Penn's Neck. He afterwards removed to the town of Salem, and commenced the practice of Medicine, in which he continued, except when occupied in the discharge of his numerous official and political duties, until a few years before his death. Here his Surgical experience, gained while in the army, soon acquired for him a superior reputation for professional skill. His professional life was, however, frequently interrupted by the stirring events of the times. He took an active part in the struggle for our National Independence, and held several offices of trust and responsibility, during that trying period.

He was a member of the Provincial Congress of New Jersey, in 1776, and one of the Committee appointed by that body to draft the Old Constitution of the State. He was also commission-

ed by the same Congress, as Colonel of the State Militia; in which capacity he was for a short time in active service.* He afterwards served as a member of the Continental Congress, for the years 1783, '84 and '85. In 1780 he was appointed Surrogate of Salem County, by Governor Livingston, who highly esteemed him, both as an officer and a man. He discharged the duties of the latter office for a period of 22 years. He died November 16, 1812, aged 72 years.

Dr. Dick may be cited as one among the many examples afforded by the Medical Profession of men, whose patriotism has prompted them to make large sacrifices of their time and comfort, in the service of their country. The friend and contemporary of the venerable Elmer, like him, he sustained his country in the time of her greatest peril, and at all times remained a firm friend to her best interests. Like him also, in the latter period of his life, he found pleasure in reviewing his early Classical studies; an example worthy of imitation by his brethren of the present day.

Salem, N. J., March 3, 1848.

WILLIAM FORMAN, M. D.

The following obituary notice of the late William Forman, M.D. of Princeton, has been furnished us by J. S. Schanck, M.D., who attended him in his last illness. We can freely add our testimony to the worth of Dr. Forman; though our acquaintance with him was of short duration, it was such as to make us feel that in him we had a friend. He not only enjoyed the confidence and esteem of the community where he resided, but we believe of the members of the profession by whom he was known. He was an active member of the Medical Society of New Jersey, and served as its President in 1833, and subsequently as a member of the Standing Committee in 1837 and '38. Some of Dr. Forman's views of

*An anecdote characteristic of the times, is related of him at this period, by an eye witness. While the British regiments were retreating, after the battle of Princeton, some ladies, assembled in a house near by, came out upon the porch to witness the scene; while there, a random shot so shattered the leg of one of the party that amputation was judged necessary—Col. Dick immediately assumed his office of Surgeon, and amputated the limb.

the pathology and treatment of disease were peculiar. He was much interested in the study and management of the diseases of females; and the resolutions which he presented to the State Society in 1846, testify to the zeal which he manifested in searching out the original cause of many obstinate and often incurable maladies, growing out of the Scrofulous diathesis. He was of opinion that Scrofula, and many Spinal diseases had their foundation in a syphylitic taint, existing in the ancestry of those who are afflicted with them: his Resolutions contemplated a premium of one hundred dollars for the best Essay on the subject, to be written either in the English, Latin, or French language.

"Died in Princeton, N. J., Feb. 22, 1848, Dr. William Forman, aged 51 years and 6 months.

Deceased was a native of New Jersey. He early commenced the study of Medicine with Dr. George Holcombe, of Allentown, Monmouth county; attended the public instruction of the University of Pennsylvania, and afterwards of the College of Physicians and Surgeons, of New York, and graduated at the latter Institution, in 1819.

After practicing his profession for 5 years, in Lancaster county, Pa., he returned to his native county, and settled in Allentown, where he continued in the acceptable and successful discharge of his professional duties till 1836, when he removed to Princeton. Of his career here, (as a biographical sketch is expected from another) it is sufficient at present to say, he had the entire confidence of many of our most intelligent and best citizens. Those who knew him best loved him most, and those who most trusted, were best satisfied with his skill, judgment, and attainments.

Enfeebled by a pulmonary affection, an attack of typhoid fever, with a copious intestinal hæmorrhage, proved more than he could bear. He expired a week after the same disease had cut off his only son.

To a friend, during his sickness, he expressed his faith in the doctrines of the Bible, and added, if it should please God to restore him to health, it was his deliberate determination, publicly to proclaim his faith by a union with the people of God."

ORIGINAL COMMUNICATIONS.

SOME ACCOUNT OF AN ENDEMIC FEVER AMONG THE COLORED POPULATION OF PHILADELPHIA.

By Silas S. Brooks, M. D.

In the capacity of Physician to one of the Charitable Institutions of our city, I have witnessed during the past winter, an endemic fever which prevailed to a considerable extent among the most degraded portion of our colored population, residing principally in the narrow streets and courts of Moyamensing.

The greatest number of cases occurred in the early part of the season, and were the most malignant and rapid in their progress. At present few cases are met with, and these are commonly mild, and terminate favorably.

During a period of four months and a half, I saw 58 cases, 14 of which terminated fatally. Its general type was similar to that of typhus, attended with great hepatic derangement.

The premonitory symptoms were similar to those marking a case of common bilious derangement, succeeded in a few days, by considerable febrile excitement; and this, after a longer or shorter time, by general prostration. In fatal cases this was followed by coma, involuntary stools, &c. which usually terminated in death on the 5th or 12th day.

There was generally more or less abdominal tenderness, especially over the epigastric region; and in many, great pain was felt in this region. Throughout the whole muscular system, much complaint was made of soreness, and in many instances of pain. The bowels were generally constipated; yet in many they were preternaturally loose, and attended with vomiting. Urine scanty and highly colored. The skin was unusually moist at the beginning, cool and dry in the latter stages. The pulse at first, was

from 80 to 100 per minute, but in fatal cases it often became as high as 140. Headache was common, and sometimes intense. The tongue, in the early stage of the disease, was moist, and covered by a white, thick, and pasty furr; afterwards it became brown, dry, swollen and tremulous; and was with difficulty protruded. Thirst was excessive. Conjunctiva in most cases very decidedly yellow. Mental derangement frequently occurred, which sometimes amounted to wild and furious delirium; morbid vigilance was common. The coma, and prostration, with involuntary stools, always proved grave symptoms.

Only one post mortem examination was made by myself, and that was of a boy 7 years old. No lesion was detected; but in the small intestines thirty-eight lunibricoides were found, mostly of full grown size, and some were at least ten inches in length. When the treatment was commenced within the first few days, it was generally successful. The most efficient agents at any stage, appeared to be the blue mass, castor oil, and quinia. Dover's powder or opium, was often combined with the blue mass, on account of the abdominal pain, nausea, and vomiting. As adjuvants and palliatives, sinapisms, cold ablutions, warm fomentations, &c., were employed. As a general rule, the prostration, dry and brown tongue, sordes, and other symptoms that mark a grave case of typhus, did not supervene where the above remedies were early and freely used.

The first alvine dejections after the administration of the medicine, were thin, and of a light color; but after four or five doses of the blue mass and oil, they became dark—almost black, and of greater consistence. From this moment, improvement generally became evident, and a speedy convalescence ensued. It appeared as if there had been an accumulation of fœcal matter in the alimentary canal, which acted as a local irritant—an incubus, that held the patient down; and so soon as it could be removed, the oppression ceased, and health and strength returned. The treatment was unsuccessful when the patient became in the least comatose, with prostration and great abdominal pain; notwithstanding recourse was had to cups and blisters, freely applied, over the seat of local congestion, and to wine, quinia, carbonate of ammonia, internally administered. Bleeding from the arm was

practised several times during the prevalence of the fever; but in general, its effect was to hasten the stage of prostration and its accompaniments. This complaint seemed to commence with the cold weather of last fall, from the same causes apparently, that produce typhus fever; viz: want, and hardships of all kinds, neglect of cleanliness, impure air, &c.

It is well known that these people are peculiarly sensible to the influence of cold; and they are found thrown together in small and illy-ventilated apartments, with but little fire, and provisions the most scanty and poor. Their bedding consists in many instances, of almost nothing; rags, old and filthy carpeting, worn out clothing, and such like, thrown upon the floor of a garret, and sometimes upon the ground of the cellar. Their clothing is of course, insufficient, and their habits altogether loathsome, and calculated to engender disease. The only occupation of many of them is, what they call "ragging and boneing." Numbers of them are seen daily, picking from the gutters and sewers of the city, such fragments of clothing, and bones, as they may find, which serve to make up their wardrobes and supply their tables. The marvel is, that there is not more disease and mortality among them.

The principal Physician to the Alms House, Dr. Benedict, appears to think the fever different from the ship or typhus of the emigrants, and is rather inclined to look for some local miasm as the cause. He says, that about two hundred and fifty cases have been brought to his notice at the Alms House, and that the greatest number came from a comparatively small locality, viz: that bounded by Delaware Fifth and Eighth streets, South and Fitzwater streets. The ground in this location is rather low, when compared with many other parts of the city, and is the very spot on which is found the greatest amount of degradation and wretchedness among the colored population.

Drs. Dunott and Ashton, each of whom had about the same number of cases as myself, give their testimony in favor of its being intimately connected with the ship fever of last summer; that it is the ship fever, modified by the peculiar habits and constitutions of the colored race. Indeed, Dr. Ashton informs me of several cases of ship fever that occurred in his practice last

summer, that strongly resembled the phenomena developed by the subsequent disease among this people.

The whole number of cases, so far as I can learn from various sources, was about five hundred. There appears great uniformity of testimony as to location of most of the cases—that mentioned by Dr. Benedict. The mortality, with my friends above named, does not appear to have been quite so great as my own; this I attribute to their having had a better class of patients, and of course better nursing. At the Alms House, several post mortem examinations were made, but there was, in general, no particular or uniform lesion found. The solid viscera of the abdomen were frequently enlarged, or changed in structure.

Philadelphia, 1848.

A CASE OF CONSTIPATION,

SUCCESSFULLY TREATED WITH CROTON OIL.

By Silas S. Brooks, M. D.

Lucy ———, aged 32 years; sent for the author at about 3 o'clock in the afternoon, of the 23d of 1st Month last—complained of pains, as she expressed it, "all over," and especially in the back; also nausea and occasional vomiting. Pulse was 83 per minute, and nearly natural in force and volume. Had considerable thirst, the tongue brown and slightly furred, the temperature of the skin nearly natural, but dry, some cough, a little soreness on pressure upon the parietes of the thorax, and great epigastric tenderness. Was restless and dispirited. The bowels had not been evacuated for a number of days, and when last open, were quite loose; yet nothing was done to check their action. Had taken several doses of salts, castor oil, injections, &c., without effect. Prescribed four drops of croton oil, made

into four pills with crumbs of bread; one to be taken hourly, till they operate.

24th, 9 o'clock, A. M. No evacuation of the bowels, pains increased, was restless during the night. Prescribed two scruples of calomel, combined with two grains of opium, to be divided in equal parts, and taken, with an interval of two hours between them. At noon, the same day, no discharge had occurred; the pain somewhat relieved, otherwise about the same. Prescribed two ounces of epsom salts, with one of senna, to a pint of water; and directed a teacupful of the infusion to be taken every two hours. Also, large domestic enemata to be administered every two hours.

6 o'clock, P. M. Same as at noon; the first two doses of salts and senna were retained, but the subsequent ones were rejected. The enemata quickly came away, nearly unchanged in appearance. Pulse slightly quickened. Examined, to ascertain the presence of hernia, but none was found, nor any other cause to prevent the operation of the medicine. Ordered thirty grains of calomel in three powders, one to be taken every hour, also the warm hip bath.

25th, A. M. In the course of the night, a light colored mucous and watery discharge had occurred from the bowels, to the amount of about ten ounces, which seemed to afford partial relief. As she appeared very comfortable, it was thought best to trust to, and watch nature a short time.

5 o'clock, P. M. No more evacuations, the pains began to return, prostration to supervene, the pulse to quicken, and the mouth to exhibit signs of a mercurial influence. Ordered eight drops of croton oil in pills of one drop each; one to be taken every hour till they operate. Large flannel cloths to be wrung from hot water and laid around her body and extremities, and renewed once or twice as they became cool.

26th, A. M. Very much better; had three copious alvine discharges of a fœcal character, mixed with a good deal of mucous. Took five of the pills before the bowels moved, which was not till after midnight. Pulse was soft, slow, and weak, and she had some appetite. From this time she improved rapidly, and soon recovered her usual health.

Thus, nine drops of croton oil, seventy grains of calomel, two ounces of salts, and one of senna, were taken, and several injections, the warm bath, fomentations, &c., were employed, before relief was obtained. Of these agents, I believe croton oil to have been the most efficacious.

Philadelphia, 1848.

CASES OF HÆMORRHAGE FROM THE UMBILICUS.

By Elias J. Marsh, M. D.

In the course of my practice, I have met with two fatal cases, and several very slight ones, of a disease not usually noticed in the books of practice which have fallen under my notice. The disease is hæmorrhage from the umbilicus, after the separation of the cord. In the fatal cases of which I speak, compression, astringents, and escharotics were employed, but to no good purpose; in one case, the twisted suture was used by a physician, but with the same result. Local applications, mild and severe, appeared to have no control over the hæmorrhage. In these cases, the skin and conjunctiva assumed a deep icteric hue; it was not the usual *icterus mentarum*, which probably depends upon some change in the condition of the blood in the cutaneous capillaries, but a true jaundice.

I attribute the disease to some obstruction in the liver, which prevents the normal circulation of the blood throughout that viscus, and forces that fluid in a refluent course through the unobliterated umbilical vessels. Acting upon these pathological views, in one or two slight cases of similar hæmorrhage, I have adopted the practice of free purging, with apparent good effect; whether it would answer in the severer forms of the disease, I cannot say, but it may be worth the trial, as local applications are entirely useless. As the disease appears to be of rare occurrence, I have thought that this brief notice may not be without interest to some of your readers.

Paterson, March, 1848.

HISTORY OF CHLOROFORM.

By J. B. Warriner, M. D.

"Honor to whom honor is due."

As some have given credence to the belief that this substance is a recent discovery, I have thought that perhaps a short history of it might be interesting to some of your readers.

All that can be claimed as new about it, is its use for annulling pain in surgical operations. Without deciding positively, who was the first discoverer of this interesting agent, allow me to extract a few paragraphs from an article published in Silliman's Journal of Science for 1832, and written by Samuel Guthrie, of Sackett's Harbor, N. Y., then a young man, and self taught, who certainly deserves the credit of contributing to the discovery of the present improved mode of preparing the article. But, before I proceed, I will quote from Silliman's Elements of Chemistry, the passage which Mr. Guthrie says, first directed his attention to the subject, it is as follows: Article on Chloric Ether, (as it was then called.)

"Properties.—Resembles an oil; color yellowish, but white when purified; sinks in water in distinct globules, which readily run together. Specific gravity at 45° 1. 22. By much agitation, is diffused in the water and partially dissolved, imparting to the water its own peculiar taste, which is sweetish, aromatic, and agreeable. Taken internally, it is stimulating and reviving.

"This ether is usually formed by mingling equal volumes of Chlorine and Olefiant Gas, both of which are speedily condensed into the fluid form, but the process is troublesome, as only a small volume of fluid is obtained from a large volume of the Gases.

"I have suggested that it might prove a valuable medicine." "I am not aware, however, that this trial had been any where made, and probably the subject would have still slumbered, had it not been for the very ingenious, and as far as I know, the original process of Mr. Guthrie." (Professor Silliman, 1832.)

Mr. Guthrie directs as follows:

"Into a clean copper still, put three pounds of chloride of lime, and two gallons of well flavored alcohol, specific gravity .844, and

distil. —— If more chloride of lime be used, the etherial product will be increased; nor is it necessary that the proof of the spirits should be very high, but I have commonly used the above proportions and proof, and have every reason to be satisfied with them. —— By re-distilling from carbonate of potash, the product is concentrated and refined."

"This ether may be entirely, or very nearly so, separated from alcohol, by repeated rectifications from muriate of lime; (chloride of calcium) it may thus be brought to the specific gravity of 1.44, but I have found no agent for that purpose, comparable with strong sulphuric acid. Distilled off sulphuric acid, it has a specific gravity of 1.486, or a little greater, and may then be regarded as free from alcohol; and if a little sulphuric acid, which sometimes contaminates it, be removed by washing it with a strong solution of carbonate of potash, it may then be regarded as absolutely pure. In this state it boils at 160°, has a specific gravity of 1.486; at 60° is extremely volatile, diffuses upon the tongue and fauces, a powerful ethereal odor, and excites to an intense degree, its peculiar scent and aromatic taste."

Let me here give Prof. Simpson's receipt for preparing the chloroform.

Take 26lbs. 9oz. 4dr. 20grs. of chloride of lime, dilute it carefully with 160lbs. 9oz. 2dr. of water, fill a brass still up to two-thirds only, with the calcareous milk which results from this combination; add 5lbs. 4oz. 2dr. of alcohol—distil. The product is chloroform mixed with alcohol and tainted with a little chlorine. The chloroform is separated by decantation, and washed with water, then with a weak solution of carbonate of potass.: add chloride of calcium (muriate of lime,) and distil by means of a water bath. M. Sonberian thinks that for medical use, it is superfluous to rectify anew, by sulphuric acid. We can here see that the two processes only differ by the addition of water to the chloride of lime, before adding the alchol They both make the same product. It is chloroform which results from either.

Mr. Gurthrie adds:

"During the last six months, a great number of persons have drunk of this ether in my laboratory, not only very freely, but frequently to the point of intoxication; and so far as I have observed, it has appeared to be singularly grateful both to the palate and stomach, producing promptly, a lively flow of animal spirits and consequent loquacity; and leaving after its operation, little of that depression consequent on the use of ardent spirits.

"From the invariably agreeable effects of it on persons in health, and the deliciousness of its flavor, it would seem to promise much as a remedy in cases requiring a safe, quick, energetic, and palatable stimulus. For drinking, it requires an equal bulk of water."

Mr. Guthrie sent a quantity of this ether to Prof. Eli Ives, of New Haven, that he might test its virtue as a remedial agent. Also, to Dr. Nathan B. Ives, the Professor's son.

The following is Prof. Eli Ives's statement.

"Dear Sir—I have witnessed the effect of the ether with which you were so kind as to furnish me, and in some instances where you had furnished individuals who wished to try its effect. I have given it to a female sixty years of age, who had been subject to severe paroxysms of pain in the chest, and difficulty of breathing, called asthma. The paroxysm for which I gave the ether, was thought more severe than any she had had before; she took the remedies as she had ordinarily taken them, previous to the use of the ether, without very obvious effect. The ether was given in doses of half a teaspoonful, once in two hours, for twelve hours. It was given in the course of the night, and in the morning the patient was very much relieved; more suddenly than she had been in any previous illness of the kind. The patient and the friends, attributed the speedy and effectual relief to the ether. It appeared to me, that the ether was the efficient article that had produced the relief.

"Mr. D. W. with pulmonic disease, has inhaled the ether to obviate general debility and difficult respiration. The article has been effectual to obviate those symptoms; its immediate effect, besides giving relief, is that of giving a pleasant sensation. I have given the ether to children in the ulcerated sore throat. A child of Mr. P. was attacked with ulcerated sore throat (called scarlet fever; Rosalia of Dr. Good;) this child died on the fifth day. This child took no ether, indeed, it was so deranged that it was difficult to administer any medicines. A brother of the same child, attacked with similar disease, had deep ulcers in the throat, and high fever, with derangement. The ether was given every two hours, in doses of thirty drops, diluted with an ounce of water; the child was at all times ready to take this medicine, and it was continued until the fever abated. The child began to mend after the fifth day. The ether was thought to allay the irritation in the nervous system, abate the heat of the skin, and to have a good effect upon the ulcers in the throat. This patient recovered very rapidly.

"I have given the ether in several other cases of scarlet fever, in cases of adults, giving it in doses of a teaspoonful, diluted with water. I have been pleased with the operation of this ether; it is diffusible in its action, like the other ethers, and has this advantage over them, that it is always grateful. I have known no child refuse it. Yours &c.

E. IVES."

January 2d, 1832.

N. B. "The last vial you furnished me, I gave to a female fifty years of age who has been affected with paroxysms of asthma for more than twenty years. I have seen the patient but once since the medicine was given, when she was evidently better, and said she thought the medicine had done her good. I have used the ether for spasmodic cough, and am so much satisfied with the beneficial effect of the remedy in such cases, that I shall use it more extensively as soon as I shall be able to furnish myself with a quantity of it. E. I."

Statement of Dr. N. B. Ives.

"Dear Sir—I have been much pleased with the effects of the "chloric ether" with which I was favored through your kindness. The first case in which I administered it, was in that of Mr. Coffing, who was severely ill with atonic quinsey—he was unable to swallow. The ether was injected by means of a syringe, with the happiest effect. After using the syringe he was able to swallow, and took the same article internally, with benefit. I have also witnessed its beneficial effect in pneumonic cases.

Respectfully yours,

NATHAN B. IVES."

By the above extract we perceive that this very chloroform was made by a young man at Sackett's Harbor, N. Y., and used by Prof. Ives in New Haven sixteen years ago, and what seems remarkable, it was made by so similar a process. The report of the Drs. Ives corroborates what I have seen in the few trials I have known, of it being used as an internal remedy. I have taken it but once in my own case, and that was for sick headache. I took fifteen drops in some water which relieved my head at once: also in one case of dismenorrhea, it seemed to relieve the pain speedily. The patient was subject to very severe pain during every return of her menses, and generally took camphor to relieve it; but she expressed herself as being more speedily and effectually relieved by the ether, than ever she had been by the camphor. Her case was called by her physician, a neuralgia of the *uterus*.

CAMPHINE.

Mr. Guthrie writes, dated May 8, 1831. "One year ago, I discovered a process by which much resin was abstracted from oil of turpentine after it had been re-distilled from water. The oil of turpentine I send you is pine, or nearly so, and is I think, an article of considerable importance. It dissolves singly caoutchouc, and the solution dries rapidly, and does not continue sticky like the solution made with common oil of turpentine. Mixed with alcohol, it burns in a lamp without leaving small resinous points upon the wick, or causing those scintillations observable in the flame when common oil of turpentine is used."

This is the compound now used as burning fluid; it has been called patent; three years ago it was thought to be a recent discovery, but by the above extract from Silliman's Journal, it will be perceived that Mr. Guthrie prepared and used the article eighteen years since.

Mr. Guthrie tells of two processes which he has made use of for purifying oil of turpentine, as follows, " Take sulphuric acid and water, equal weight, mix, and when cold add a quantity of it to a quantity of oil of turpentine, and agitate thoroughly : let the acid subside, and decant the clear spirits. Repeat the operation until the acid subsides without being discolored. The oil of turpentine thus prepared, (with warmth and a strong solar light) is, as I believe, a perfect solvent of caoutchouc. This process is somewhat troublesome and expensive, and after a great number of fruitless trials with various articles, I found that the alkalies and alkaline earths, especially lime, would attack resin, but not pure oil of turpentine. On distilling oil of turpentine from caustic lime and water, I found a great deal of resin remaining in the still. I likewise found by the sulphuric acid test, that the oil was pure : hence, the resin was an adventitious body."

Thus we can learn from the twenty-first volume of Silliman's Journal, that Mr. Guthrie made camphine eighteen years ago, as well as burning fluid.

I do not know why chloroform was not more used as a remedial agent, unless the great expense of procuring it prohibited, at the time Prof. Ives used it. It would seem to promise much, as being one among the nervous stimulants of the materia medica ; at the same time one of the most agreeable.

Burlington, April 1848.

CLINICAL OBSERVATIONS.

By the Editor.

SINGULAR CASE OF SWELLING OF THE NECK.

J. A., a gentleman of robust constitution, aged forty-two, had four teeth filled by a dentist in Philadelphia. On his return home the following day, he exposed himself imprudently to the cold, pursued his business as usual, and at night was seized with chilliness and stiff-neck. On the second day following, I was summoned to visit him. Found the whole anterior portion of the neck considerably swelled, indurated, and somewhat tender upon pressure. The tumor occupied a space from the chin to the sternum, and extended laterally on the upper portion, to within about an inch of the angle of the inferior maxillary bone, forming an irregular triangle with its apex at the upper part of the sternum. When exposed to view, my first impression was that it was a Bronchocele, but the history of the case, convinced me that it could not be so. The thyroid, the sub-maxillary, and the sub-lingual glands were all extensively tumefied—so that the patient could not portrude his tongue beyond his teeth—spoke indistinctly, and experienced difficulty in deglutition. A saline cathartic was immediately prepared, which, after much effort was swallowed. Forty leeches were applied to the swelling, and followed by a plaster of Cantharides. The blister was dressed with warm poultices, and discharged very freely. It was followed by some abatement of the pain, but there continued a great degree of tension of the muscles and integuments; and every attempt to swallow was attended with much suffering. The Cathartic operated freely upon the bowels, and was repeated when necessary, in the subsequent treatment of the case. The blistered surface healed in a few days, the plaster of Cantharides was re applied, and warm bread and milk poultices continued as before. This treatment was persevered in for ten days; the difficulty in swallowing not being in the least diminished until the tenth day, when a copious discharge occurred internally, from the middle portion of the tumour, which, of course admitted a freer passage

into the stomach. Up to this period, the patient was unable to lie down, owing to the pressure and weight of the diseased portion upon the trachea. He sat most of the time in his easy chair, and could only swallow thin liquids. His breath being offensive, and mouth very unpleasant to himself, a cleansing gargle was recommended. To use this he would fill the mouth, stand up, hold fast to the bed post, and with the utmost exertion, was enabled to wash out the mouth and pharynx. On the twelfth day, a copious evacuation of muco-purulent matter issued from one side of the mouth; as nearly as I could ascertain, from the excretory duct, (Whorton's) communicating with the sub-maxillary gland; and on the following day, a similar discharge occurred on the opposite side. There still remained, however, a good deal of tenderness, and the poultices were continued, with a view of keeping up the suppurative process, until entire relief should be obtained. Of course, the discharges were followed by much relief, and diminution of the swelling. Three weeks passed by, and the patient became *impatient* to resume his business—though there still existed a slight induration of the parts around the walls of the trachea, and particularly in front. There was also a disagreeable traction of the muscles in every effort at deglutition. This was very readily seen when the neck was uncovered, particularly in the action of the depressers of the os-hyoides, and larynx. The patient was now directed to annoint the part with ung: Iodin: comp: diluted with lard. He could not endure however, more than two or three applications, and he preferred looking after his business, keeping his neck well protected with a scarf, and annointing occasionally with opedeldoc. In a week after this, I was called to see him again—the soreness and swelling had increased, and the parts were very much indurated. Some cotton was now wet with equal portions of Granville's lotion and whiskey, and applied to the part, with a view of exciting speedy counter irritation. In a few minutes the skin was very much reddened, and in one or two places vesication had occurred. Warm bread and water, and bread and milk poultices were continued, and there were evident marks of suppuration apparent in a few days. The tumor soon began to point, just in front of the larynx, and in a few days more, was opened with an abscess lancet. The discharge was profuse, and gave immediate relief. It was

kept up for several days, and the opening healed. The suppurative process continued, and a discharge again occurred, without the use of the lancet. The surrounding induration yielded, and the patient convalesced rapidly. He is now able to go out and pursue his business. The constitution of course suffered in some degree, from the demand made upon it to carry on the suppurative inflammation, while the avenue from which it derives its supplies was obstructed, and the patient lost several pounds in weight. The pulse, during the attack, was irritable and feeble; the alvine evacuations mostly regular, and natural in appearance, and the appetite usually good. Animal broth and other nourishing liquids were allowed; but the pain attendant upon deglutition prevented their free employment. The disease was supposed to be purely local in its origin, and was treated as such. The general system showing no marks of disturbance until the local symptoms, had become developed. What has rendered this case a peculiar one, seems to me to be the fact of its sudden approach and rapid progress. Some surgical writers notice a disease called hydro-bronchocele, or hydrocele of the neck, which is described as an encysted tumor, gradual in its formation, involving the thyroid body, and the surrounding parts. It is cured in the same manner as hydrocele of the scrotum, by puncture and stimulating injections into its cavity. In the instance described, the tumor increased in forty-eight hours, to a degree sufficient to interfere with the normal functions of the parts it involved, soon gave evidence of fluctuation, and discharge from three distinct openings during the first attack, and subsequently during the relapse, suppurated again, and was evacuated externally. Up to the time when the patient returned from Philadelphia, and felt a stiff neck and chilliness on the evening of the same day, he had never had any swelling of the neck, or disease of the throat, having uniformly enjoyed good health for a series of years. About a year since, I saw a case of hydro-bronchocele under the care of a physician in an adjoining neighborhood, which was "tapped," and I believe finally cured by puncture and injection. Its appearance was very different from the one described above. It was a distinct, circumscribed regular tumor, and involved principally the region of the thyroid gland; neither did it materially interfere with deglutition or respiration.

CASE OF ABSCESS NEAR THE AXILLA—TERMINATING WITH PROFUSE HÆMORRHAGE.

I was requested to see a little girl four years old, with pain in her left arm. The upper third of the arm was very tender upon pressure, but without any external evidence of inflammation. Upon taking hold of the limb and attempting to move it, the child would scream vehemently. The arm was held near to the side, the fore-arm thrown across the epigastrum, and the shoulder depressed, as in fracture of the collar bone. I could discover no evidence of fracture or dislocation. Rest and saturnine lotions were ordered. In three or four days a little redness appeared about an inch and a half below the axilla, under the arm. Poultices were directed—the child became pale and wan—laid in its cradle and took but little nourishment. The whole of the upper part of the limb became inflamed, and at the point where the first red spot appeared it began to soften: fluctuation was very apparent, and I was urged by the mother to open it. This I declined doing, without assigning any reason, and indeed, without having any, except a disinclination to do so. Soon after leaving the house I began to reflect whether I should not have done so, knowing that it would be followed by relief to my little patient. I hesitated, and was almost ready to turn back, to comply with the reasonable request of the mother. On my visit the next morning, the mother accosted me thus: "Doctor, you must lance this place, indeed you must." It was examined thoroughly, and was evidently fit to open. I had left my case at home, and could not do it. The child suffered intensely, and the mother had been nearly worn out with twelve days of watching and anxiety. The poultices were continued, anodynes were administered, and nourishing food directed. In the afternoon I was sent for in great haste. Not being at home at the time, I did not receive the message for an hour after it was left. On my return I went to the little sufferer; she lay pale, cold, and nearly pulseless, from excessive hæmorrhage. The abscess had broken, and when the discharge occurred, as the mother states, she attempted to raise her arm, and the blood jetted out in a stream, several feet across the room. Pressure was made above the orifice with the finger, the applications all re-

moved, the arm made bare, and covered again with towels wet with cold water. Brandy and chicken broth were administered, but the stomach rejected them. Resort was then had to injections of beef tea, and sinapisms to the extremities. Carb. ammon. in emuls: amy gdal: was administered, and retained. The pulse rose a little, and after tone was restored in some measure to the stomach, brandy and water were freely given. I deemed it useless to attempt to secure the artery as the screams and struggles of the child might have increased the hæmorrhage, and as the orifice was too small to enter with the tenaculum or needle, without a further division. Reliance was placed on the cold affusions, and perfect rest—they were sufficient. By pursuing this plan for several days, re-action was restored, and the patient is now recovering. Much thick and offensive matter was thrown off from the tumour, and continues to some extent at this time. The swelling has entirely subsided, and there remains an inability to extend the fore-arm from contraction of the biceps muscle, the radial tendon of which rises distinctly into the bend of the arm, when the extensor muscles attempt to act. The substance of the biceps muscle, and the coats of some one of the important branches of the brachial artery must have been embraced within the sphere of the suppurative action, and suffered a dissolution during its progress, in order to give rise to the results which followed. Had the abscess been penetrated by the lancet, the hæmorrhage would no doubt have been attributed to its use; and had the patient died, the reflections of the operator must certainly have been very unsatisfactory.

FRACTURE OF THE CERVIX-FEMORIS.

HISTORY OF A FATAL CASE, AND ITS POST-MORTEM APPEARANCES; AND OF A CASE WHICH TERMINATED FAVOURABLY.

By N. W. Condit, M. D.

I propose to lay before you the history of two cases of fracture of the cervix-femoris; one of which, by the death of the patient, afforded an opportunity to verify its exact character. The other, though not equally ascertained in this respect, is one of interest, on account of its favourable result, under circumstances of a discouraging nature. Fractures of this bone, occurring wholly within the capsule of the joint, it is stoutly maintained by many distinguished physicians of the present day, are never re-united by ossification, because of the small quantity of blood received by the head of the bone, (being only that which comes by the vessels of the round ligament,) or at least, that no case is yet recorded where such bony union is demonstrated by dissection. Captain J. B., aged over eighty years, in ascending a flight of steps from the ground to his house, missed his footing and fell with a few sticks of wood he was carrying, down three or four steps to the ground. He rose without difficulty, and walked a short distance, when he was suddenly disabled from proceeding further, by acute pain seizing him suddenly at the hip joint of the left side. He was assisted by some members of his family to a bed, but could only lie with comfort upon his back. He was of large stature, about five feet ten or eleven inches in height, weighing probably one hundred and eighty pounds, though not corpulent. I saw him about four hours after the accident, and afterwards with my father, Dr. Lewis Condit, when he complained only of pain at the groin upon motion of the left leg. There was no displacement in any way, its position and length corresponded perfectly with the other limb. No crepitation could be heard upon rotating the limb, though in truth, on account of the suffering produced by it, but little effort was made to produce it. The manner in which

the patient fell, his age, and the fragile state of bones incident to advanced life, rendered it almost certain that the neck of the femur was fractured, while the state of the limb, and the fact that he could not step upon it, made it probable that the fracture was within the capsular ligament. The treatment consisted in applying to the pelvis, a cushion lined with doe-skin, fitting it accurately, and of width sufficient to cover the ossa-femoris for two inches below the trochanters. This greatly relieved the pain at the joint, which had been excruciating upon every movement of the body. The knee was placed in a semiflexed position, supported by pillows, and an evaporating lotion applied to the groin and upper part of the thigh. At the end of four or five days the limb was perceptibly shortened. Desault's splint was applied, but removed in a few days by the patient, and no persuasion could prevail to obtain his consent to any means for keeping the limb in situ, though various expedients were resorted to. For two or three weeks it continued to become shorter, until it measured half an inch less than the other. It being the month of May, and certain that if he lived, he must be confined to his bed through the hot weather, he was placed upon a mattrass on one of Wooley's bedsteads, which is so contrived that the position can be changed from sitting to horizontal, or fixed at any angle desired, without moving the limb; the lower part of the bed may be raised or depressed in the same way, and the bowels evacuated without moving. The pain at the acetabulum gradually abated and was succeeded about a fortnight after the accident, by great soreness at the ankle joint and at the tendo-achilles, and although great care was taken to remove pressure from the part, this distressing symptom continued even to the last, to give him great annoyance, so that he groaned from agony whenever subjected to the least motion. He remained in this state, with but little variation through the summer, being comfortable when left quiet, but unable to get off his back, by reason of the state of the ankle joint. In September it became evident that his constitution was to sink under the protracted confinement, and he began to complain of tenderness of the sacrum. Efforts were made to prevent it, but ulcers formed there, and towards the end of October diarrhœa came on, and soon becoming unmanageable, he died early in November.

But little emaciation had taken place. No examination was made of any other part than the diseased limb. The ankle exhibited no mark of diseased action, by which the pain so long complained of, could be accounted for; there was neither stiffness, thickening of the part, nor increased vascularity. The muscles and all the structure about the cervix-femoris were more pale than usual, and scarcely gave out any blood upon being cut into. The capsular ligament was entire, giving no appearance of having been lacerated, its texture was somewhat thickened. The ligamentum-teres was in a state of vascularity, which gave it about the colour of the muscles around the joint, though it retained its wonted firmness and strength. The acetabulum was normal in appearance. The neck of the femur was shortened, and on opening the capsule the fracture was discovered wholly within it. The head of the bone had been broken across transversely, exactly at its point of union with the neck, and about two lines from the bony edge of the acetabulum. The ridge characteristic of the seat of fracture had been thrown out, and the re-union was firm for rather more than three-quarters of the circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at their point of juncture, but they were as firmly united by osseous formation as if they had never been separated. On the upper side, where the fractured edges were not in appósition, union was not yet complete, but ossification was going on upon all the broken surface, and had the patient lived a few months, would doubtless have been perfected. Could the state of the injured part have been by any means ascertained, and had not the condition of the ankle forbidden it, the patient I think might safely have walked; there was sufficient firmness at the fracture for the limb to have contributed its share of support to the trunk. From a fear lest some accident should befall the specimen in handling it, I left it with a mechanic to have the head protected by a covering of wire. He placed it for safe-keeping in a desk in his room, belonging to another man, who removing the desk in his absence, threw out the bone, supposing it to be of no value, and though diligent search was made, it was not recovered. I had the preparation in my possession for two or three years, and during that time it was

shown to many members of the profession, who expressed but one opinion, that it was a case in which a *complete fracture entirely within the capsule was re-united by ossification.*

Before offering any remarks upon the subject generally, permit me to give the history of another case which has occurred recently, and which there is reason to believe is similar in its character to that of Captain B.

Mrs. W., of New York, somewhat past fifty years of age, on the 14th of January last, fell, striking the trochanter, of the left thigh upon the edge of a wooden step in a her yard. She was instantly sensible of acute pain at the spot, and also in the groin. She was unable to walk, but was carried into the house and advice procured, but it was not supposed that any injury existed, other than contusion.

Five weeks had elapsed when I saw her, but such was the tenderness of the parts that no thorough examination was attempted, until leeching once or twice repeated, had been premised. Upon strongly rotating the limb at this time, crepitation was at once very distinct. There was however no displacement, no shortening, nor indeed any thing to indicate its condition, unless attempts at motion were made. The patient could lie in no other position than upon the back, and movement in any degree was so painful that with the added fatigue from lying in one posture, she passed her nights almost without sleep. So much suffering was created by the attempt, that but little pains were taken to ascertain, or even to form any very definite opinion as to the exact point at which the fracture had been made. With the approbation of Dr. Hoffman, who at my request visited the patient with me, a broad bandage made of linen, unyielding in its texture, cut to the form, and of breadth sufficient to cover the pelvis, and extending two inches below the trochanters, and fastened by buckles over the right groin, was applied, and made as tight as could conveniently be borne. The limb was placed in a semiflexed position both at the knee and hip joints, and the bed so arranged that attention to the calls of nature did not disturb its posture. The patient was informed that there was reason to fear that union might not take place at all, and that even if it should, it might be by ligament only, and that the shortening from absorption of the broken sur-

faces would doubtless be very considerable. With a full understanding of the uncertainty of the result, she submitted patiently to the confinement for nine weeks. The support given by the bandage greatly diminished the amount of suffering, and with the aid of a few drops of morphine, sleep was procured. In about a week the limb was found to be shortened, and the foot somewhat everted. A stocking was made of the same material with the bandage upon the pelvis, with a ring in the sole of the shoe part of it, and lacing up at the side. This was lashed fast to the foot-board of a long splint, and counter-extension made from the perinœum after Desault's method, sufficient to keep the limb from shortening more than one sixth of an inch; a greater force than this being forbidden by the irritable state of the constitution, and the pain produced by its application. The limb being thus secured, she was permitted to raise her shoulders by means of a cord from the ceiling, the other foot resting against a firm foot-board; this contributed to relieve the tediousness of the confinement.

At the end of nine weeks we had the very great satisfaction to find not only that no crepitation could be produced, but that very considerable weight could be sustained without inconvenience. The soft parts enveloping the joints had nearly parted with their morbid tenderness, and with the aid of crutches she moved about with tolerable facility. The anasarcous state of the limb upon the first use of it gave some trouble, but this was relieved by the free use of the dash of cold salt water, bandaging having failed to give any relief. She can at this time, (seven months from the commencement of treatment,) bear nearly all the weight of the body in walking without crutches, and would doubtless do it entirely but for an unfortunate fall about four months since, from the lame foot being caught in the carpet, in which the knee joint sustained a severe contusion and is yet lame, though now daily improving. The injured leg is one fourth of an inch shorter than the other, and the toe somewhat everted, but she is able to move with facility in every direction, and no reasonable doubts can be entertained that with a little more time the cure will be perfect.

We of course, are not at liberty to assume that this case is one of the same character with the former, nor is it introduced for the purpose of strengthening the conclusion drawn from that, as to the

resources of nature. It appears to me however, to demonstrate the expediency of making an attempt to effect a cure in cases of even a most unpromising kind; for a case less promising than these two is seldom brought to our notice. From the resemblance of the two cases both at the time they were first seen, and during the time they were under treatment, I am strongly inclined to believe that in both, the state of fracture was the same. In both cases the displacement did not take place for some time after the accident, and when it did, it was about equal in kind and degree. As soon as the parts were at rest, nature, as if a sentient principle, set about repairing the breach. To keep the bones in apposition, I conceive the bandage upon the pelvis contributed more than any other part of the treatment.

From an examination of such writers upon surgery as are within my reach, there seems much contrariety of opinion as to the possibility of re-union by bone, taking place in this species of fracture. The French surgeons generally, are satisfied from specimens in their cabinets, that it does occasionally happen. Mr. Amesbury and Mr. Guthrie, of London, are of the same opinion; but Sir Astley Cooper, and Mr. Colles, of Dublin, who have both given special attention to this point, maintain that all the specimens yet shown to them, are either cases of incomplete fracture, or in others, that it extended so far down as to be covered by the capsule in some measure. Still, while great names are ranged in opposition as to the possibility of the case, all agree that such is its unfrequency that it can never be made a ground for favourable prognosis. So firm indeed are many in this opinion, and among them Sir Astley Cooper, that when satisfied that a fracture is near the head of the bone, the patient is consigned to hopeless lameness, and rest after the second week is not enjoined; but the patient is permitted to hobble about, as a false joint is thought inevitable. Knowing what we do of the resources of nature, is it justifiable to abandon such cases without making a trial of all the means which promise to be of any avail in constitutions of vigour, adequate to enduring the necessary confinement? Mercurial action has been found to be productive of the healing of fractures, although we have been in the habit of considering it as a specific in promoting absorption. Our ignorance of its *modus*

operandi is of course not to be urged against its use, as it would bring a fearful proscription upon the materia medica. Though through the ligamentum-teres is the only connection the head of the bone retains with the vascular system, yet in this case, that was in appearance more like muscle, owing probably to an enlargement, and perhaps multiplication of its vessels for the purpose of performing its part in repairing the breach which had been made. Beside this, do we know that much more vascular action is requisite to the formation of bone, than to the formation of callus which is the usual termination in this case. Nor can we be certain that even the lower end of bone alone may not be competent to effect a restoration, provided nothing interferes with the process set up by nature.

But I forbear further remarks, and would gladly abridge what is already written, but on a review it seems to me, that any material curtailment would render the whole obscure, and confused, if not quite unintelligible.

Morristown, 1848.

BIBLIOGRAPHICAL NOTICES.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Medicine and Surgery, No. 1, January 1848. New York, re-published by Richard and George S. Wood. No. 261 Pearl Street.

We have received the first number of this work, and esteem it as one of the most valuable among the many medical periodicals of the times. It purports to give an outline of the doings of the profession abroad, and to review such foreign publications, as may be placed in the hands of its contributors. It is a quarterly of 284 pages, and is re-issued by its enterprising publishers in this country, at three dollars per annum. We observe under the head of "Analytical and Critical Reviews," some notices of a work issued by E. A. Parkes, M. D., on the treatment of the Asiatic or Algide Cholera, and another entitled "The Cholera not to be arrested by quarantine," &c. by Gavin Milroy, M. D.; both issued from the London press within the last year. And as the present is a time when the profession of this country, and the community generally are fully awake to the threatening of a revisitation of this terrific scourge, we shall draw upon the pages of the "Review" for some hints upon this subject, which may be profitable to our readers, and will give in Dr. Milroy's own words a brief history of its most recent appearance in the East.

"After having been quiescent during the winter of 1845-6, it broke out with extreme severity in the following May at Teheran, carrying off as many as 300 a day, for several weeks, and reducing the population of that town by at least 20,000 souls. The description given of the cases, shows the extreme malignity of the epidemic:—'those who were attacked, dropped suddenly down in a state of lethargy, and, at the end of two or three hours, expired, without any convulsions or vomiting, but from a complete stagnation of the blood, to which no remedies could restore its circulation.'

"Now it is a fact full of interest to the medical inquirer, that, at the very time when this work of devastation was going on in the north of Persia, there took place at Kurrachee, near the mouth

of the Indus, that terrific outburst of the pestilence, which, in the course of a few days, swept off upwards of 8000 victims. The description that has been given by an eye-witness of the scene, is so full of fearful and instructive interest, as regards some of the most striking characters of pestilential visitations, that we cannot withhold a brief account of its leading particulars. The heat had been intense during the first fortnight in June, but the station remained tolerably healthy. On the 13th, a Sunday, the atmosphere was more than usually stagnant and oppressive; one correspondent, who was present, says; 'the very heavens seemed drawn down upon our shoulders; the feeling was suffocating.' A dark portentous-looking cloud crept up the sky as the troops were proceeding to church, and a sudden burst of wind threatened the buildings. It passed away almost as speedily as it came, and when the worshippers retired, the air was as still as when they assembled. At the same hour did the pestilence appear. Before midnight, nine soldiers of the 86th regiment were dead; and men began to be brought into the hospital in such numbers that it was difficult to make arrangements for their reception. It was a fearful night. With morning, came the tidings that the pestilence was overspreading the town, and that fifty persons had already fallen victims to its deadly poison. How awful must have been the rapidity of the attack, when we learn that sometimes, within little more than five minutes, hale and hearty men were seized, cramped, collapsed, and dead! The only thing we can compare it to, is the deadly effect of a serpent's venom. Men, attending the burials of their comrades, were attacked, carried to the hospital, and themselves buried the next morning. Pits were dug in the churchyard, morning and evening; sown up in their beddings and coffinless, the dead were laid side by side, one service read over all! For the next five days, it raged with appalling fury; it then abated in its intensity, but continued to hover around the place for about another week. Within less than a fortnight, 900 Europeans, including 815 fighting men, were swept away. Besides these, 600 native soldiers, and 7000 of the camp followers and inhabitants of the town had been hurried into eternity! What must have been the scene of desolation, and the sickening pollution of the air after such a visitation, when nearly 9000 bodies were festering under the ground beneath a tropical sun!

"Altogether, this comparatively insulated eruption at Kurrachee, while the head-quarters, so to speak, of the pestilence were in the north of Persia, presents an instance very analogous to that of the equally dreadful invasion of the disease in the camp of the Marquis of Hastings, in Nov. 1817, not long after the first appearance of the great epidemic in the delta of the Ganges. The same idea is naturally suggested by both, viz. that the cause of the malady was something altogether independent of infectious communication, and must have existed in the atmosphere."

The drift of the work appears to be, to establish the opinion that Asiatic Cholera is not infectious—that its existence is owing to a malarious atmosphere, and its propagation dependent upon a diffusion of the malaria, and not upon human communication. The author observes a strong analogy between the progress of Cholera and Influenza, and believes that the propagation of the latter is just as much dependent upon infection as the former, and that as influenza is attributed by all, to a peculiar atmospheric influence, so cholera is owing to a modification of the same cause, particularly as there is a striking concomitance in the origin and course of the two epidemics, though he believes that there may be a limited propagation by infection, where the constitution is somewhat impaired by the epidemic influence. He further adverts to the fact, that prior to the appearance of the cholera, it has frequently been preceded by choleroid attacks, resembling in degree the disease itself, and dependent upon a milder malaria; hence it is inferred, that if this non-infectious doctrine be true, no quarantine regulations will affect the progress of that disease, but that it is the duty of the authorities to institute such sanitary measures in domestic and civil life, as are best calculated to promote the general health, and thus endeavour to prevent a predisposition in the constitution to the destructive influence of the malaria.

Dr. Parkes has made very elaborate investigations into the condition of the blood, in cholera, and has availed himself of the recent discoveries which organic chemistry has developed in regard to the vital fluid, in order to enlighten his judgment as to the true pathology of the disease, and he employs the term algide, as descriptive of the diminution of animal heat, or the collapse, which forms such a remarkable and prominent symptom in the history of the disease, and he believes the changes in the respiratory functions, which grow out of this alteration in the blood, constitute the chief and distinctive symptoms of the malady. He gives the result of his observations in forty-six fatal cases of the disease, thirty-nine of which died in the collapsed stage, and the remainder during the subsequent febrile affections. He found in the head, an accumulation of blood in the veins of the dura and pia-mater—in the lungs, the most common appearance was the presence of blood in the large vessels, deficient crepitation,

arising from the loss of air and blood, and from approximation of the molecules of the pulmonary substance; the right side of the heart was generally filled, sometimes distended, and the left side with the aorta, usually empty, and the blood itself was found to be deficient in fibrine, or a great tendency to the separation of this ingredient, red particles sometimes partly dissolved in the serum, and sometimes much altered in figure and appearance. The constancy of these post-mortem appearances, led Dr. Parkes to the following conclusion.

"As, therefore, the mechanical part of respiration is perfect, and as there is no impairment in the voluntary command of the respiratory muscles, and as the heart evidently beats in many cases till stopped by the want of blood on the left side, and by its accumulation on the right side, we are compelled to look for the cause of such arrest of the circulation in the only remaining element of respiration; namely, in the blood itself."

Much more minute notices of the condition of the circulating fluid are to be found in the review, but as our time and space will not admit of very extended remarks, we shall pass on to some considerations on the condition of the discharges from the alimentary canal; the "rice-water stools" as they are usually called, which occur in this disease, are supposed by Dr. Parkes to consist in part, of the water and salts of the blood, mixed with a proteine constituent.

"That the greater part of the proteine constituent consists of fibrine, also appears probable; but albumen is undoubtedly sometimes present, as proved by the coagulability of the thin fluid; in other cases, if this ingredient be present, it seems to have assumed the insoluble form immediately after being poured into the canal.

"Referring now to the state of the blood as already described, it is impossible to avoid connecting these two observations together;—that whereas the blood was generally deficient in its power of coagulation, or was altogether destitute of this property, or in other cases separated the fibrine more readily than usual,—so in the intestinal canal a substance was found, which presented many of the physical and chemical qualities belonging to the ingredient which appeared to be wanting in the blood."

The symptoms of the disease are next treated of in their order, and are divided into two groups; first, those derived from lesions of the circulation and respiration, and which are called by way of distinction, the algide group; and secondly, the abdominal symp-

toms of vomiting, purging, and the dependent spasms: these groups of symptoms are supposed to be entirely independent of each other, both growing out of a common cause. The algide symptoms according to Dr. Parkes, constitute the disease, hence its pathology is found in the lesions of the circulation and respiration, and the treatment must be directed to the cure of these particular lesions: "in proportion to them, is the malignity and rapidity of the case; they afford the only measure of its severity, and from them only, can a correct prognosis be formed." The abdominal symptoms, cramps. &c., are attributed to the irritation produced in the intestinal canal, by the presence of an adventitious fluid, and hence are considered as "reflex spasms." We consider the work before us a valuable addition to our medical literature. It places in our possession, at a small expense, an outline of the opinions of some of the most eminent men of Great Britain; of their mode of practice, and the pathological views upon which it is founded.

The nineteenth Annual Report of the Inspectors of the Eastern State Penitentiary of the State of Pennsylvania. Transmitted to the Senate and House of Representatives, March, 1848.

It is only within a few years that the Medical public have been possessed of any thing like accurate reports of the sanitary condition of prisons. And as the interest in the subject of prison discipline increases, they are becoming every year more important, and are more eagerly sought for by the physician and philanthropist. The relative merits of the two systems known as the "separate" and "congregate," is now undergoing a searching scrutiny from those who have devoted much attention to the subject, both in this country and in Europe. It is therefore with peculiar pleasure that we have received the report before us, which contains a short, but clear and candid exposition of the condition of the Penitentiary, by Robert A. Given, M. D., the medical officer. It appears from this report, that the total mortality

for 1847, has been nine, including one suicide, while the average population in the prison has been two hundred and ninety-four, the average number of white persons has been two hundred and fifteen, with only two deaths, while the average number of colored persons has been seventy-nine, with six deaths. This frightful disproportion in the mortality of the two classes in *separate* prisons, has frequently been the subject of remark by medical men, and it is high time that the attention of the public authorities in those states where the separate system prevails, should be aroused to the fact. If the chances of life in those predisposed to a strumous habit of body are so greatly endangered, as is represented by the report, it is certainly time that some means should be adopted to arrest this disproportionate fatality. It appears to us that there should be such a modification of this system, as to allow those persons whose health is evidently impaired by close confinement, to engage in the more active employments which prevail in congregate prisons, thus securing more exercise in the open air, and giving to the mind a freedom to engage in its own reflections, without being harassed by physical ailments. We have also in the report before us, a table furnished by Dr. Given, showing "the cases of insanity that occurred in the Eastern Penitentiary in the year 1847." These are ten in number. From the heading of the table, we infer that these cases originated in the institution, and were not taken there for want of an asylum for the insane. If so, it appears to us a discouraging fact as to the success of the system of Pennsylvania. In New Jersey, where the system of separation is at present carried out in a modified form, insanity appeared to an alarming extent in the early history of the State Prison at Trenton; and if we remember rightly, the intelligent physician of that institution, Dr. Coleman, checked it by means of careful and judicious association. The principle was not strictly adhered to where it was found to impair the health of either mind or body. Wherever there was a tendency to insanity, or to any physical disease which demanded for its cure or alleviation, a departure from the usual course of confinement, the philanthropy of the inspectors allowed such modifications in individual cases, as the judgment of their medical counsellor directed. Where solitude has a tendency to induce melancholy, or to bring

on any other form of insanity, or where it may affect the general health, and be the remote or exciting cause of bodily disease, we believe it should be avoided as far as it can be. Insanity in a prison, should be treated as insanity in an asylum, so far as architectural arrangements and convenience will allow. Consumption in a prison, should be treated as consumption in a hospital, and the patient should be allowed exercise in the fresh air; and all the hygienic remedies so salutary and comforting to the doomed victim, should certainly be made available for his relief.

The following extract from Dr. Given's report, would seem to indicate his belief that both mortality and insanity might be diminished by proper means.

"When speaking of the physical health, I stated my belief that by proper sanitary regulations the mortality could be reduced very greatly, without the slightest encroachment on the principles of separation, and now, as regards the mental health, I repeat the same conviction with even greater confidence in its truth, and if possible, a more earnest desire to see the necessary measures put in immediate operation."

If this be so, why, in the name of humanity, are not these "necessary measures" instituted! While it is the right of society to punish men for crime, we have no right to make ourselves criminals by blotting out the light of reason from the soul, or by wasting the powers of the body in *unconditional* confinement. Let the "necessary measures" that are needed for this reform, be speedily adopted.

Report of the Pennsylvania Hospital for the Insane, for the year 1847. By THOMAS S. KIRKBRIDE, M. D. Physician to the Institution.

We have been in the habit for several years past, of receiving Dr. Kirkbride's reports, and always read them with interest, but we do not recollect to have seen one so replete with valuable suggestions, at that now before us. We shall notice it very briefly. The usual statistical information is furnished in the report, by which we learn that during the past year four hundred and one

patients have been under care in the institution, and that one hundred and eleven of these have been discharged cured. It is also stated that the number of patients received, and the number discharged cured, have regularly increased every year, with a single exception, since the opening of the institution: the various improvements about the building and grounds are detailed, and among them is a description and plan of a cottage, detached from the main edifice, which has been erected for the purpose of testing the value of separate treatment of such persons whose mental disorders are so slight, that they feel themselves unwilling to submit to the ordinary discipline of the wards, and yet are desirous of being benefitted by Hospital treatment. The cottage is like a private residence in its appearance, and is divided into convenient and handsomely furnished apartments. Dr. Kirkbride is of opinion that a few such buildings would add to the usefulness of the institution. In addition to the various employments and amusements, a course of instructive lectures embracing various branches of science, have been delivered by Dr. John Curwen, the assistant physician. These lectures were instituted a few years ago, by Dr. Curwen, and have been continued since that time with entire satisfaction to the managers and patients. The course extends through six months of the year, and the total number of lectures given during the last year, has been fifty. We believe, to Dr. Curwen is due the credit of carrying out this system of instruction (which is regarded as an important moral agent in the cure of the insane) more thoroughly than it has been done in any other institution in this country. To us, however, the most interesting part of the report is to be found in the enlightened views of its author, as expressed under the head of "Provisions for the habitually intemperate." We make the following extracts.

"Where real insanity is the result of intemperance, a Hospital for the insane is unquestionably the proper place for the victim of this wide-spread vice, and when mania-a-potu—which ought never to be received into an institution for the insane,—terminates in insanity, as it occasionally does, the same destination is then proper for the wretched sufferer, whose case is likely to be of long standing, and the recovery always doubtful.

"An uncontrollable fondness for, and indulgence in, ardent spirits or other stimulants, with the usual results of such a course, are occasionally only symptoms of insanity, coming on in the pro-

gress of the case, often in individuals of the most correct habits, who had never before manifested such a propensity, and disappearing as the other symptoms of insanity are removed. In these individuals, of course, this peculiarity offers no reason for interfering with the ordinary disposition of such cases.

"There are, however, other and quite numerous classes of habitual drinkers, who are not suitable subjects for a Hospital for the insane, but for whom some special provision should be made on their own account, and still more for the sake af their families and friends, and for the peace and quiet of the community.

"One of these classes is composed of individuals whose intemperance leads to acts of outrage against society, and brings grief and terror into quiet families, with ruin to their worldly prospects, but who seem to care little for reformation, and for whose acts insanity cannot be pleaded as an excuse. The seclusion of these persons brings temporary improvement, but nothing more, and if allowed, they would, for limited periods, be frequently found in our Hospitals for the insane, for admission into which they clearly can have no just claim."

The impropriety of admitting persons of the latter class into an insane Asylum, is manifest; the effect of associating those whom the law regards as criminals, with the objects of disease and misfortune, is not only injurious to the insane, but promises no permanent good to the inebriate. Some other provision should be made for these, and for a still more unfortunate class, which we believe is more numerous than is generally supposed. How often do we find men, amiable in their dispositions, with well cultivated minds, and liberal means, encircled by all the domestic and moral associations, calculated to promote enjoyment and happiness, and yet who have the unconquered appetite for stimulating drink to contend with, without the power of resisting its demands. We believe there are many who are anxious to refrain from this pernicious practice, who require to be placed under a system of medical and moral treatment, that can only be made available by some judicious arrangements sanctioned and sustained by law. We have thought much upon this subject, and are glad to find it taken hold of by one whose judgment and influence command so much respect as the author of the "report." We conclude our observations upon this subject by one more extract.

"For all these different cases some provision should be made, a retreat provided, where those who are anxious to reform should be surrounded by every influence likely to second their good in-

tentions, and where society would be protected from those, who, with little care for the result, are not only ruining themselves, but destroying every good prospect of their families. The detention should be legalized, and not terminated but upon a proper medical or judicial investigation, and not regulated in any respect by the wishes of the patient or his friends.

"Such an institution should be under the direction of a well educated and judicious physician, who should treat his patients as laboring under disease; and with kindness and firmness, a combination of medical and moral means, there is little doubt but that many good citizens would be annually restored to society; and where permanent reformation was found to be impracticable, individuals would be kept from habitual debasement, their families saved from ruin, and society protected from violence and disorder. It is a field for labor worthy of the active benevolence of the age."

Principles and Practice of Surgery, by the late George M'Clellan, M. D.; Edited by his son, JOHN H. B. M'CLELLAN, M. D. pp. 432. Philadelphia, Grigg, Elliot & Co., No. 14 North Fourth street.

The late hour at which we have received the above work, will prevent an extended notice of its contents. The distinguished position which the author long held as a teacher and as an operative surgeon, led us to expect a valuable work from his hands. In this we have not been disappointed. There is in the volume before us, ample evidence of the intellectual power, and of the profound learning of the writer. His thoughts are not common place, not a mere repetition of the sentiments of others, but he writes as "one having authority"—as one who has had ample experience of the things which he communicates to others. Hence the work of Dr. M'Clellan is not a mere compilation, but an original, philosophical treatise on Surgery; replete with valuable practical information. The first hundred pages are occupied with the consideration of "the immediate effects of injuries upon the system"—including a graphic description of nervous shock, reaction, and the various forms and degrees of subsequent irritation. Then follows a discussion of the doctrines of inflammation, covering a large

portion of the remaining chapters under this head. The modern distinctions of capillary hyperemia, active and passive congestion, &c., were in the opinion of our author, perfectly understood by John Hunter. He says:

"Now all these points were fully and admirably treated of by the illustrious Hunter, under the heads of 'union by first intention,' and 'union by adhesive inflammation.' We should scarcely do justice to the memory of that great man, were we to omit crediting to him every sound physiological and pathological view in regard to these subjects, which has since been entertained by our profession. Neither new forms of arrangement, nor altered names, can hide or even overcloud the profound and luminous ideas which were first developed in the great work on the Blood, Inflammation, and Gun-shot Wounds. As these processes, when they occur in connection with injuries, appear to favour the reparation of such injuries, and afterwards terminate, under proper treatment, in a speedy resolution, they were characteristically denominated by him *healthy* inflammations. The irritation often passes however, into a higher form of excitement, and then it exhibits a more durable and perverted mode of action. In this condition the nervous sensibility is not merely augmented, but it becomes decisively morbid and unremitting, so that every kind of impression, from internal as well as external causes, becomes distressing. The capillaries are still further dilated,* even paralyzed, the heat increases to a higher degree, the redness is more intense, and the tumefaction rises. In short, the four diagnostic symptoms of Celsus, '*calor, dolor, tumor, rubor*,' are all associated, and then the morbid state termed by all surgeons inflammation, exists."

Nor does Dr. M'Clellan conceive that the modern doctrine of inflammation introduced by Bichat and the general anatomists, is any improvement upon the original views of Hunter. He thus expresses himself on this point:

"The doctrine of some of the general anatomists, that the different forms or theories of inflammation depend wholly upon the organization of the tissues, in which they occur, is altogether too refined and exclusive for our approbation. We shall everywhere admit, that the disease is morbid by the peculiarities of texture, both in its local and sympathetic manifestations; but it always presents the same general characters in whatever part it occurs, and one and the same tissue is frequently found to exhibit very different forms of inflammatory action. The mucous membranes will under one form of this disease increase their natural exhalations and secretions in a slightly altered state, at another time

* Hunter conceived that this was done by "an action of dilatation."

they will throw off genuine pus either with or without ulceration; sometimes their inflammations will terminate in hæmorrhage, and at others by an effusion of coagulating lymph into the interstices, which will produce a thickening or stricture of the part, or upon the free surface in the form of a loose and polypus-like exudation. The serous membranes, although still more simple in their texture, are liable to almost as great a diversity of modes of inflammatory action. They commonly exhale the plastic fibrin, and terminate by a speedy adhesion to the opposite surfaces, which circumscribes the disease to a small space around the injured part. Frequently, however, not a particle of fibrin is exhaled, and then the inflammation is rapidly diffused throughout the whole membrane, by continuous sympathy, like a spreading erysipelas, and speedily destroys life. This tissue often exhales a serous fluid loaded with broken flakes of coagulated and unorganized fibrin, and distends the cavity either locally into a circumscribed abcess, or generally into a dropsy. Sometimes it ulcerates under inflammation, and occasionally it becomes encrusted with a false and only partially organized membrane. The skin is notoriously liable to a great variety of inflammations, many of which cannot be accounted for by the peculiarity of the individual portion of it which is affected. But we need not occupy more time to prove a self-evident proposition. In the progress of our observations, we shall everywhere see, that other circumstances modify the character of inflammation, besides the conditions of structure."

The author has devoted seventy-seven pages to the consideration of syphilis, and has presented a lucid and admirable description of the various forms of this malady. We regret that we cannot follow him through these interesting descriptions, which have recently attracted so large a share of attention from surgical writers. The circumstances under which the author deems it proper to administer or to withold mercury are fully stated, and the various controverted points connected with this interesting disease are treated in his characteristic style. The last one hundred and twenty pages are occupied with the description of morbid growths; including the various forms of malignant and non-malignant tumors. Many of the interesting cases and operations which have given the author so much distinction as an operator, are here detailed, and illustrated by well executed wood cuts.

In closing the work at this point, the reader has to regret that so many interesting subjects have been left untouched, and that a writer who has shown himself eminently qualified to communicate

valuable instruction, in a style at once clear, lucid and concise, should have been so suddenly arrested by the hand of death, in the midst of a work, which, while it would have added greatly to his reputation, would have conferred an important benefit upon the medical profession of our country.

The volume is got up in most excellent taste by the enterprising publishers, and the Editor has conferred a favour upon the profession, by rescuing from oblivion, and arranging in proper order manuscripts, which, but for his interference, might have been lost to the public.

Dr. M'Clellan's death has occurred since our last issue, and it is fitting here, that as we pass from a hasty notice of his work, we should pause to refer to the circumstances of his demise. He was in the fifty-first year of his age, and had suffered for a year or more with a chronic disease, which was afterwards discovered to have its seat in the mucous coat of the bowels. The immediate cause of his sudden death was attributed to "an ulcerated opening, a few inches below the sigmoid flexure of the colon,"* which was revealed by a post-mortem investigation. He visited his patients as usual the day before his death, and was unexpectedly called away, mourned by his family, and regretted by a large circle of friends. As a surgeon Dr. M'Clellan's reputation extended "far and wide." Early in his career he performed some of the most important capital operations, and his subsequent history as an operator was characterized by unusual adroitness and rapidity. Opthalmic surgery, syphilis, and lithotomy were branches of the science to which he paid special attention, and for the cure of which he gained a special reputation. The value of his experience, and the soundness of his judgment, are well attested by his "Principles and Practice of Surgery."

* Memoir of Dr. M'Clellan, by W. Darrach, M. D.

Summary of the Transactions of the College of Physicians of Philadelphia, from December 1847, *to March* 1848, *inclusive.*

The last number of the Transactions of the College of Physicians of Philadelphia, contains as usual, much interesting matter, and we refer to it particularly at this time, to invite the attention of our readers to an address to the medical profession of Pennsylvania, on the importance of a registration of births, marriages, and deaths, which was prepared by a committee of the College, and is issued to the medical public through their organ. In our Eclectic Department will be found the New Jersey Registration bill, passed last winter, and as it will go into operation in a few weeks from the present time, physicians should be prepared to answer questions as to its utility, which will be propounded by the people: already has the slight expense which the bill imposes upon the State, been objected to, and it may lead many to find fault with the law, unless there are some good reasons urged for sustaining it. Hence we copy from the report before us, the following extract.

"It has been correctly regarded as one of the greatest benefits conferred by a system of Registration, that it settles the nativity of every citizen with such certainty, that his claims for property coming to him by descent can never be defeated, when founded in justice—but the same system furnishes, with equal accuracy, a statement of the degree of every one's predisposition to disease, whenever the malady of which his ancestors died is susceptible of being inherited, and in this manner contributes largely to illustrate the subject of mortal hereditary diseases.

"A record of births and marriages, also, by permitting the investigator to trace up the genealogy of a family and its collaterals, through several generations, would aid materially in determining the influence of consanguinity, constitutional peculiarities, social condition, &c., upon the procreative faculty, and the hereditary transmission of disease. It would furnish *data* for determining whether large families, the issue of early marriages, really increase the productive power of the State in proportion to their numbers, or, in other words, whether, as a general rule, a numerous progeny is consistent with a high degree of physical and mental vigour. Finally, it would show the good or evil consequences of disparity of years in the parties contracting marriage.

"In the best systems now employed, a registration of deaths shows, not only the total mortality occurring in a given population, but the cause destroying life in every case, and, consequently becomes a precious record to the physician, and when interpreted by him, an instrument of incalculable good to the Commonwealth. The aggregate annual mortality of our population, is now unknown, and the proportions of it due to different causes cannot even be conjectured. Little is known of the forms of disease which prevail in various parts of the State, and still less of the relative mortality occurring in cities, towns, and villages, rural districts, and particular localities, and of that affecting persons of different ages, sexes, and social conditions. Nor is any more accurate information possessed in regard to the modifying influences exerted by epidemics upon the average mortality of different places and those of transitory medical constitutions upon ordinary diseases. But if a proper record of deaths were kept, it would show, that in certain places, and amongst certain classes of people, the mortality is either greater or less than that affecting the community at large, and would often lead to a successful inquiry into the causes which operate injuriously upon one place or class, and those which confer upon others a comparative immunity. It needs no argument to show that such a record would, also, when illustrated by strictly medical reports, do more to establish the laws of epidemic and endemic diseases, and medical constitutions, than has ever been accomplished by the industry of individuals.

"Several of the foregoing propositions are drawn from the experience of other countries in registration. It appears from the report of the commissioners presented to the British Parliament, in 1845, that the statements made in successive reports of the Registrar-General, of excessive mortality occurring in various places, had induced many persons to search out its causes. These inquiries resulted in the removal of cess-pools, and accumulations of putrid substances, in the digging of sewers, &c. The commissioners state, that in Manchester, after paving and draining in twenty streets, there was such an amelioration in the health of the improved district, that but ninety deaths annually took place, where one hundred and ten occurred before.

"Not unfrequently the received opinion of the healthfulness of a place has been directly contradicted by the evidence of registration. In this connexion, the case of Liverpool is remarkable. The rapid increase of that great commercial mart was formerly attributed, amongst other things, to the salubrity of the air; but it is now ascertained, that at all periods of life, the chances of living in Liverpool, are actually less than in any other known place of equal population. Comparing it with Surrey, a rural district of England, "it appears that while a child, at birth, has a chance of living forty-five years in Surrey, it has a chance of living only twenty-five in Liverpool."

"There is too much reason for apprehending that Americans err greatly in their estimate of the healthfulness of this country. It has been calculated that while the average age of the whole living population of the United States is 22 years and 2 months, that of all living in England and Wales is 26 years and 7 months. It has also been shown, that while but about 56 per cent. of the population of the United States survive the age of 15, and 4 per cent. only that of 60,—nearly 64 per cent. of the population of England survive the former, and more than 7 per cent. the latter age. These statistical results and common observation mutually confirm one another. European travellers in this country wonder that so few old persons are to be met with, and Americans abroad are surprised at seeing so many persons advanced in life, engaging still in active pursuits, and retaining the cheerfulness and vigour of middle age.

"It is not possible that the mortality amongst the well-fed and well-clothed inhabitants of this country should so much exceed that of the comparatively wretched masses of the English people, or that so few amongst the former should survive the labours of active life to guide and counsel their descendants, unless there were some radical error in our habits of living, or some peculiarly noxious influences of a more general kind, were acting upon the population. Some of these evil habits and influences may, indeed, be conjectured, and their malign effects in particular cases be averted, but until the results of Registration demonstrate their existence and character upon a large scale, the people will not be induced to believe them real, or take pains to escape from them. It is well known that there is a large sacrifice of human life in this country from the careless or reckless management of public conveyances, manufactories, &c., but its actual amount has never yet been ascertained. Yet no one can doubt that if every case of death by accident were reported, with its attendant circumstances, and annually published by the government, attention would speedily be drawn to the evil, and effectual means taken to mitigate it. What is true of this particular case, is no less so of many others, and is in principle applicable to all in which the cause of mortality is in any degree removable.

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He entered upon the practice of medicine in Philadelphia, somewhere about the year 1798, and became the friend and contemporary of Rush, Wistar, Barton, Griffiths, James, Physick, Parrish, Otto, and others of the same class, who were among the founders and active supporters of the College of Physicians, and Medical

Department of the University of Pennsylvania. He outlived all of these, being one of the last of that noble band of men, who laid the foundation of the medical character of Philadelphia.

Although Dr. Hewson was never connected with a medical school as a teacher, he occupied the equally important position of surgeon, first to the Alms House Hospital, and subsequently to the Pennsylvania Hospital, in both of which situations he was frequently called upon to give clinical instruction, and to perform important surgical operations. He was also at one time, President of the Board of Health, and a Delegate from the College of Physicians of Philadelphia, to the first Convention, held in Washington, for framing the United States Pharmacopœa. At the time of his death Dr. Hewson was President of the College of Physicians—one of the most honorable positions in which he could be placed, and which he held by the unanimous voice of his medical brethren.

In all these varied situations, Dr. Hewson was distinguished for the urbanity of his demeanor, and for the fidelity and punctuality with which he discharged the duties imposed upon him. Always at his post, he never avoided the labours which were assigned him; being willing to work with the youngest and most inexperienced in those concerns where his aid was considered important.

Like many of the eminent American physicians and surgeons of the past half century, Dr. Hewson has left behind him but few memorials of his talents and experience. His published papers, scattered through the pages of the medical periodicals, though short and appearing at long intervals, exhibit the learning and discrimination of the author, and are possessed of great practical interest. Perhaps his most valuable contributions to medical science will be found in the reports on Meteorology and Epidemics, annually presented to the College of Physicians, for many years past. These reports embrace an accurate statement of the state of the thermometer and barometer, of the rain, storms, &c. &c., occurring within the year—with the prevalent diseases, epidemics, &c., of the different seasons, and the deaths as reported by the Board of Health, for the City and County of Philadelphia. In this department Dr. Hewson was pre-eminent, and the result of his labours as embodied in the reports of this committee exhibit a model in this sort of investigation well worthy of imitation.

As a practitioner of medicine and surgery, Dr. Hewson was distinguished for sound discrimination and caution in his diagnosis, and for his extensive knowledge of the resources of the medical art. He was thoroughly conversant with Materia Medica and Pharmacy, and kept himself informed of the improvements which are constantly making in the applicability of remedial agents to disease. Unlike many of the veterans of the old school, he was actively alive to the improvements unfolded in the march of discovery, and laborious in investigating their real merits. Few men combined in a greater degree the learning and knowledge of the past, with the acute observation of passing events. In the later period of his life the counsel of Dr. Hewson was frequently sought by the younger members of the profession in difficult cases, and in no man was their confidence more fully established. In consultation he was a strict observer of all the forms and rules of propriety adapted to these occasions; punctual in his appointments, frank and decided in the expression of his opinions, but never overbearing and self-opinionated. So strict was he in observing the rules of propriety in his intercourse with his medical brethren, that he was looked to by common consent, as an arbiter in all matters of professional etiquette.

He has left to the younger members of the profession a bright example of virtue, probity, and unwavering devotion to the interests of the medical calling, to which they may well aspire. To have been in active practice for more than half a century, and to have sustained during this whole period the character of an eminent and able physician, and then to pass away from the stage of action surrounded by a new generation who had grown up around him, and looked up to him with a profound respect, is a destiny which rarely falls to the lot of the physician.

The College of Physicians at a recent meeting passed the following resolutions in relation to this event, and appointed Dr. Franklin Bache to prepare a biographical memoir of the deceased. From the high character of his biographer we have no doubt that ample justice will be done to the memory of this estimable physician—

Resolved, That it was with profound regret the College learned the melancholy fact of the decease of their late revered President, Thomas T. Hewson, M. D.

Resolved, That the demise of this gentleman, who was not less distinguished by his attainments in medicine, in literature, and in science generally, than by the amenity of his disposition, the urbanity of his manners, and the uprightness of his entire life, is an event deeply to be deplored by the members of this institution, with which he was connected during forty-six years, and over whose deliberations he presided for the last twelve years.

Resolved, That a Fellow of the College be appointed to prepare a memoir of our late President, to be read before the College.

Resolved, That a committee be appointed to prepare a letter expressive of the condolence of this College with the family of the deceased.

Signed: CHARLES D. MEIGS,
HENRY BOND,
D. FRANCIS CONDIE.

On motion, it was *Resolved*, That Dr. Franklin Bache, be requested to prepare and read before the Fellows of the College at his earliest convenience a memoir of our late lamented President, Dr. Thomas T. Hewson.

Death of Jacob Randolph, M. D.

Died, on the 29th of 2nd mo. (February,) Dr. Jacob Randolph, Professor of Clinical Surgery in the University of Pennsylvania; one of the Surgeons of Pennsylvania Hospital.

Dr. Randolph's private career as a surgeon and clinical teacher commenced with his election to the post of surgeon to the Pennsylvania Hospital, as successor to Dr. Hewson, in the year 1835. Having enjoyed the advantage of intimate intercourse with his father-in-law, Dr. P. S. Physick, during the latter part of the life of that eminent surgeon, Dr. Randolph's mind was well stored with that kind of knowledge which can not be derived from books alone. Participating in the thoughts and actions of the distinguished masters of our art, the mind becomes, as it were, insensibly directed into the same channel, and to some extent, moulded into the same character. This intercourse, it is believed, contributed in no small degree, in fitting Dr. Randolph for the high responsibilities which he afterwards assumed, and in the discharge of which he sustained himself with so much ability. Although not originally educated for a physician, his success in the profession of his choice, fully justified the wisdom of his selection, and he was acknowledged among the most distinguished surgeons of the

country, and at the time of his death was exercising a wide influence in this department of science. Though a bold and fearless operator, he was cautious in the formation of his opinions, and never rushed into difficult or dangerous procedures without urgent necessity, or without having first counted the cost. As a clinical teacher Dr. Randolph was eminently *practical*. Without being eloquent or flowery in his style, he expressed himself with great clearness and fluency, seizing the important points of a subject and enforcing them with a distinctness and conciseness which imparted great value to his instructions. There was no attempt at a display of learning, no laboured analysises of the intricate details of the subject in hand, but a plain straight-forward, practical statement of his own views, based upon observation and experience. Dr. Randolph was especially distinguished for the zeal and industry with which he took up the new operation of lithotrosy, and for the unrivalled success with which he practised it. His fame as a lithotrotist was rapidly extending over the country, and he was resorted to from all parts of the Union, for the performance of this difficult and delicate operation. At the time of his death he was in the fifty-second year of his age, and in the height of a useful and honourable career, and his demise is most sensibly felt by a large circle of friends. The following resolutions relative to the death of Dr. R. were adopted by the College of Physicians of Philadelphia:

Resolved, That the College of Physicians deeply deplore the loss it has sustained by the demise of its late Fellow, Dr. Jacob Randolph, whose attainments, practical abilities, and worth, placed him in a position of merited eminence in our profession.

Resolved, That the condolence of the College be offered to the family of the deceased in their bereavement, and that a copy of these resolutions be forwarded to them as a mark of the respect in which he was held by his brother practitioners.

Resolved, That a Fellow of the College be appointed to prepare a biographical account of the deceased, to be read before the College and deposited among its archives.

Signed: GEORGE W. NORRIS.
JOHN BELL,
F. BACHE.

On motion, it was *Resolved*, That Dr. Norris be requested to prepare a biographical notice of the late Dr. Randolph to be read before the College.

Death of John S. Condict, M. D.

We take from the Trenton State Gazette of the 6th instant, the following notice of the death of another distinguished physician—Dr. John S. Condict, of Hudson County, New Jersey:

We regret to hear of the sudden death of Dr. John S. Condict, of Hudson County, yesterday morning, of erysipelas in the head. This intelligence will be received with sorrow by many persons in this State by whom the deceased was respected and beloved. He was an amiable courteous and educated gentleman, of much intelligence, rare kindness of heart and great rectitude.

Dr. Condict was the first representative of the County of Hudson in the House of Assembly. He was thence transferred to the Senate, and continued there until the fall of 1843. At home he filled many places of trust and usefulness. Possessed of a large fortune, and being always ready to do services to others, he was charged with many duties of no importance to himself but of consequence to the community in which he lived. He attended to them all industriously, and discharged them with the utmost fidelity. Of sterling integrity, he never courted popularity; and grew in the esteem of his fellow men only by his independent, yet amiable zeal to do right. Such men are rare in every community and when they die, they leave a blank not soon filled.

COLLODION.

This is the name of a new adhesive plaster recently introduced into surgical practice by the profession of Boston. It is a solution of gun-cotton in pure sulphuric ether. That cotton may be rendered soluble by ether, was originally demonstrated by Professor Shonbein, the discoverer of its explosive property, when subjected to the joint action of nitric and sulphuric acids, in definite proportions. It was afterwards employed as a varnish, by Dr. Charles T. Jackson, and S. L. Bigelow, of Boston, and by the latter gentleman, we believe it was first used as an adhesive application to wounds, where union by the first intention was desired. It may be applied by means of a camel's hair pencil to the surface surrounding the wound, and a piece of muslin drawn tight,

ly over the part, with the effect of keeping the edges in contact, for a much longer time (it is asserted) than by the ordinary method; it not being affected by moisture. Where the incision is slight, and the edges readily approximated, it is said that a thick coating of the article over the wound, and for some distance around it, will, by its strong adhesive property, keep the parts in apposition without the use of a bandage, till their continuity is entirely restored. If it should be desirable to watch the process of healing, the cut may be covered with a thin and transparent substance, as oiled silk, or tissue paper, and be at all times exposed to view, without removing the dressings.

It is cheap, and may be conveniently carried in a small vial. We have used it in the case of a deep incised wound several inches in length, and found it to answer the same purpose as the common sticking plaster. It is suggested that it may be successfully applied to leech-bites, burns, excoriations, chilblains, sore nipples, &c. In such cases it may be used in the same manner as a liniment, its adhesive property being developed, as its ethereal particles evaporate on exposure to the air. It is further recommended as a means of rendering paste-board splints impervious to moisture, or as a substitute for starch and dextrine in imparting firmness to bandages applied to a fractured limb. It may be obtained we presume, of most of the druggists, and is well worthy of a trial.

THE ENSUING ANNUAL MEETING.

In a few weeks the Annual Meeting of the New Jersey Medical Society will be held at New Brunswick. At that meeting, the District Societies will be represented: let the delegates be instructed as to the opinions and wishes of the members of the profession in their respective neighbourhoods, upon the important questions to be laid before them. It will be recollected that last year the "subject of licensing candidates" was referred to a committee, with instructions to report at the approaching meeting. This appointment arose from the fact that there existed a difference of opinion among the censors in a certain section of the State,

as to the requirements of the by-laws in this matter. It is desirable that unanimity should mark whatever movement may be made in its behalf, and we trust that the delegates will allow their interest in it to be awakened beforehand, that the Society may act promptly and judiciously.

Another interesting enquiry submitted by the Standing Committee, was, whether members of the Society may "maintain professional intercourse" with those "*licensed* practitioners" who have abandoned the system which they were licensed to practice, but who still hold the diploma granted them by the Medical Society, as a cloak for their empiricism; thus being, so far as their *authority* is concerned, legal physicians, but recreant in their practice to the principles of sound medical philosophy. This, together with the question how far members of our Society "may humour the prejudices of their patients and their friends in favour of false systems of practice," will likewise form the subject of a report of a special committee. It is probable also that our delegates to the National Medical Association will have returned from Baltimore, by the time of the Annual Meeting, which, with the important objects noticed above, will make it an occasion of unusual interest.

BIOGRAPHICAL RECORDS.

We are happy to find that the suggestion we made in the last number of the Reporter, upon the subject of a biography of New Jersey Physicians has been heeded by correspondents in both ends of the State. We trust that still further researches may be made, and that the names and services of many worthy physicians who have now gone to their final rest, may be rescued from oblivion, for the benefit of their successors. There is no class in the community who live more for others, and who are more spent in the constant work of active, though it may be, unnoticed benevolence, than physicians; and none who endure more toil, hardship, and privation, with so little recompense. By a little industry we may be able to collect and preserve memoirs of those who have gone before us in the profession, the value of which we cannot now estimate.

"There is too much reason for apprehending that Americans err greatly in their estimate of the healthfulness of this country. It has been calculated that while the average age of the whole living population of the United States is 22 years and 2 months, that of all living in England and Wales is 26 years and 7 months. It has also been shown, that while but about 56 per cent. of the population of the United States survive the age of 15, and 4 per cent. only that of 60,—nearly 64 per cent. of the population of England survive the former, and more than 7 per cent. the latter age. These statistical results and common observation mutually confirm one another. European travellers in this country wonder that so few old persons are to be met with, and Americans abroad are surprised at seeing so many persons advanced in life, engaging still in active pursuits, and retaining the cheerfulness and vigour of middle age.

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Dr. Randolph's private career as a surgeon and clinical teacher commenced with his election to the post of surgeon to the Pennsylvania Hospital, as successor to Dr. Hewson, in the year 1835. Having enjoyed the advantage of intimate intercourse with his father-in-law, Dr. P. S. Physick, during the latter part of the life of that eminent surgeon, Dr. Randolph's mind was well stored with that kind of knowledge which can not be derived from books alone. Participating in the thoughts and actions of the distinguished masters of our art, the mind becomes, as it were, insensibly directed into the same channel, and to some extent, moulded into the same character. This intercourse, it is believed, contributed in no small degree, in fitting Dr. Randolph for the high responsibilities which he afterwards assumed, and in the discharge of which he sustained himself with so much ability. Although not originally educated for a physician, his success in the profession of his choice, fully justified the wisdom of his selection, and he was acknowledged among the most distinguished surgeons of the

country, and at the time of his death was exercising a wide influence in this department of science. Though a bold and fearless operator, he was cautious in the formation of his opinions, and never rushed into difficult or dangerous procedures without urgent necessity, or without having first counted the cost. As a clinical teacher Dr. Randolph was eminently *practical*. Without being eloquent or flowery in his style, he expressed himself with great clearness and fluency, seizing the important points of a subject and enforcing them with a distinctness and conciseness which imparted great value to his instructions. There was no attempt at a display of learning, no laboured analysises of the intricate details of the subject in hand, but a plain straight-forward, practical statement of his own views, based upon observation and experience. Dr. Randolph was especially distinguished for the zeal and industry with which he took up the new operation of lithotrosy, and for the unrivalled success with which he practised it. His fame as a lithotrotist was rapidly extending over the country, and he was resorted to from all parts of the Union, for the performance of this difficult and delicate operation. At the time of his death he was in the fifty-second year of his age, and in the height of a useful and honourable career, and his demise is most sensibly felt by a large circle of friends. The following resolutions relative to the death of Dr. R. were adopted by the College of Physicians of Philadelphia:

Resolved, That the College of Physicians deeply deplore the loss it has sustained by the demise of its late Fellow, Dr. Jacob Randolph, whose attainments, practical abilities, and worth, placed him in a position of merited eminence in our profession.

Resolved, That the condolence of the College be offered to the family of the deceased in their bereavement, and that a copy of these resolutions be forwarded to them as a mark of the respect in which he was held by his brother practitioners.

Resolved, That a Fellow of the College be appointed to prepare a biographical account of the deceased, to be read before the College and deposited among its archives.

Signed: George W. Norris.
John Bell,
F. Bache.

On motion, it was *Resolved*, That Dr. Norris be requested to prepare a biographical notice of the late Dr. Randolph to be read before the College.

Death of John S. Condict, M. D.

We take from the Trenton State Gazette of the 6th instant, the following notice of the death of another distinguished physician—Dr. John S. Condict, of Hudson County, New Jersey:

We regret to hear of the sudden death of Dr. John S. Condict, of Hudson County, yesterday morning, of erysipelas in the head. This intelligence will be received with sorrow by many persons in this State by whom the deceased was respected and beloved. He was an amiable courteous and educated gentleman, of much intelligence, rare kindness of heart and great rectitude.

Dr. Condict was the first representative of the County of Hudson in the House of Assembly. He was thence transferred to the Senate, and continued there until the fall of 1843. At home he filled many places of trust and usefulness. Possessed of a large fortune, and being always ready to do services to others, he was charged with many duties of no importance to himself but of consequence to the community in which he lived. He attended to them all industriously, and discharged them with the utmost fidelity. Of sterling integrity, he never courted popularity; and grew in the esteem of his fellow men only by his independent, yet amiable zeal to do right. Such men are rare in every community and when they die, they leave a blank not soon filled.

COLLODION.

This is the name of a new adhesive plaster recently introduced into surgical practice by the profession of Boston. It is a solution of gun-cotton in pure sulphuric ether. That cotton may be rendered soluble by ether, was originally demonstrated by Professor Shonbein, the discoverer of its explosive property, when subjected to the joint action of nitric and sulphuric acids, in definite proportions. It was afterwards employed as a varnish, by Dr. Charles T. Jackson, and S. L. Bigelow, of Boston, and by the latter gentleman, we believe it was first used as an adhesive application to wounds, where union by the first intention was desired. It may be applied by means of a camel's hair pencil to the surface surrounding the wound, and a piece of muslin drawn tight,

"There is too much reason for apprehending that Americans err greatly in their estimate of the healthfulness of this country. It has been calculated that while the average age of the whole living population of the United States is 22 years and 2 months, that of all living in England and Wales is 26 years and 7 months. It has also been shown, that while but about 56 per cent. of the population of the United States survive the age of 15, and 4 per cent. only that of 60,—nearly 64 per cent. of the population of England survive the former, and more than 7 per cent. the latter age. These statistical results and common observation mutually confirm one another. European travellers in this country wonder that so few old persons are to be met with, and Americans abroad are surprised at seeing so many persons advanced in life, engaging still in active pursuits, and retaining the cheerfulness and vigour of middle age.

"It is not possible that the mortality amongst the well-fed and well-clothed inhabitants of this country should so much exceed that of the comparatively wretched masses of the English people, or that so few amongst the former should survive the labours of active life to guide and counsel their descendants, unless there were some radical error in our habits of living, or some peculiarly noxious influences of a more general kind, were acting upon the population. Some of these evil habits and influences may, indeed, be conjectured, and their malign effects in particular cases be averted, but until the results of Registration demonstrate their existence and character upon a large scale, the people will not be induced to believe them real, or take pains to escape from them. It is well known that there is a large sacrifice of human life in this country from the careless or reckless management of public conveyances, manufactories, &c., but its actual amount has never yet been ascertained. Yet no one can doubt that if every case of death by accident were reported, with its attendant circumstances, and annually published by the government, attention would speedily be drawn to the evil, and effectual means taken to mitigate it. What is true of this particular case, is no less so of many others, and is in principle applicable to all in which the cause of mortality is in any degree removable.

"The degree of mortality in ordinary diseases depends chiefly upon two circumstances,—the condition of the patient, and his treatment. If, therefore, it is found that deaths from certain diseases are especially frequent amongst persons of certain ages, constitutions, habits, &c., or in certain trades, professions, situations, &c., the causes of this susceptibility may be discovered, and perhaps removed. In like manner, if it is found that a given disease is more fatal in one section of country where a particular treatment is employed, than in another where a different method is pursued, the discovery would suggest an alteration of the practice adopted in the former place, as well as an inquiry into all the

circumstances concerned in bringing about the unfavourable result. Many other examples of the manner in which a complete system of Registration may be employed in solving medical problems might here be adduced, but a simple consideration of the various facts developed by such a system, will naturally suggest them to every reflecting mind."

The Quarterly Summary, also contains a lengthy report on meteorology and epidemics, read by Dr. J. W. Moore, in which is found a table of observations on the wind and weather, the state of the thermometer, barometer, &c., for the year 1847, with remarks upon the prevailing diseases of the season, among which are mentioned dysentery, scarletina, and typhus fever. This report is worthy of a much more extended notice, but the space allotted to our Bibliographical department is already consumed.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FOURTH MONTH, (APRIL,) 1848.

OBITUARY NOTICES.

As a journalist it becomes our duty to record the death of such physicians and surgeons as are generally known to the profession, and a notice of whose career may be both interesting and instructive. In addition to the brief sketch of Dr. George M'Clellan at p. 211, we have here to refer to the fact that two more distinguished members of the medical profession in Philadelphia have passed away since our last number was issued; and to furnish our readers with a brief outline of their professional history; for the facts of which we are indebted to a Philadelphia correspondent.

Death of Thomas T. Hewson, M. D.

Dr. Hewson died on the 19th of 2d month, (February) last, in the seventy-sixth year of his age. He was the son of the celebrated Dr. Hewson, of London—one of the ablest physiologists of his time, and the author of a voluminous and ingenious work upon the blood. Possessing in early life rare opportunities for acquiring medical knowledge in the great metropolis of the world, the younger Hewson did not fail to avail himself of them, and although deprived of the aid of his distinguished father, who died while he was very young, he had the benefit of converse and instruction from some of the ablest physicians of London. He came to this country under the patronage of Dr. Franklin, and was for a time a member of his family in Philadelphia.

He entered upon the practice of medicine in Philadelphia, somewhere about the year 1798, and became the friend and contemporary of Rush, Wistar, Barton, Griffiths, James, Physick, Parrish, Otto, and others of the same class, who were among the founders and active supporters of the College of Physicians, and Medical

Department of the University of Pennsylvania. He outlived all of these, being one of the last of that noble band of men, who laid the foundation of the medical character of Philadelphia.

Although Dr. Hewson was never connected with a medical school as a teacher, he occupied the equally important position of surgeon, first to the Alms House Hospital, and subsequently to the Pennsylvania Hospital, in both of which situations he was frequently called upon to give clinical instruction, and to perform important surgical operations. He was also at one time, President of the Board of Health, and a Delegate from the College of Physicians of Philadelphia, to the first Convention, held in Washington, for framing the United States Pharmacopœa. At the time of his death Dr. Hewson was President of the College of Physicians—one of the most honorable positions in which he could be placed, and which he held by the unanimous voice of his medical brethren.

In all these varied situations, Dr. Hewson was distinguished for the urbanity of his demeanor, and for the fidelity and punctuality with which he discharged the duties imposed upon him. Always at his post, he never avoided the labours which were assigned him; being willing to work with the youngest and most inexperienced in those concerns where his aid was considered important.

Like many of the eminent American physicians and surgeons of the past half century, Dr. Hewson has left behind him but few memorials of his talents and experience. His published papers, scattered through the pages of the medical periodicals, though short and appearing at long intervals, exhibit the learning and discrimination of the author, and are possessed of great practical interest. Perhaps his most valuable contributions to medical science will be found in the reports on Meteorology and Epidemics, annually presented to the College of Physicians, for many years past. These reports embrace an accurate statement of the state of the thermometer and barometer, of the rain, storms, &c. &c., occurring within the year—with the prevalent diseases, epidemics, &c., of the different seasons, and the deaths as reported by the Board of Health, for the City and County of Philadelphia. In this department Dr. Hewson was pre-eminent, and the result of his labours as embodied in the reports of this committee exhibit a model in this sort of investigation well worthy of imitation.

As a practitioner of medicine and surgery, Dr. Hewson was distinguished for sound discrimination and caution in his diagnosis, and for his extensive knowledge of the resources of the medical art. He was thoroughly conversant with Materia Medica and Pharmacy, and kept himself informed of the improvements which are constantly making in the applicability of remedial agents to disease. Unlike many of the veterans of the old school, he was actively alive to the improvements unfolded in the march of discovery, and laborious in investigating their real merits. Few men combined in a greater degree the learning and knowledge of the past, with the acute observation of passing events. In the later period of his life the counsel of Dr. Hewson was frequently sought by the younger members of the profession in difficult cases, and in no man was their confidence more fully established. In consultation he was a strict observer of all the forms and rules of propriety adapted to these occasions; punctual in his appointments, frank and decided in the expression of his opinions, but never overbearing and self-opinionated. So strict was he in observing the rules of propriety in his intercourse with his medical brethren, that he was looked to by common consent, as an arbiter in all matters of professional etiquette.

He has left to the younger members of the profession a bright example of virtue, probity, and unwavering devotion to the interests of the medical calling, to which they may well aspire. To have been in active practice for more than half a century, and to have sustained during this whole period the character of an eminent and able physician, and then to pass away from the stage of action surrounded by a new generation who had grown up around him, and looked up to him with a profound respect, is a destiny which rarely falls to the lot of the physician.

The College of Physicians at a recent meeting passed the following resolutions in relation to this event, and appointed Dr. Franklin Bache to prepare a biographical memoir of the deceased. From the high character of his biographer we have no doubt that ample justice will be done to the memory of this estimable physician—

Resolved, That it was with profound regret the College learned the melancholy fact of the decease of their late revered President, Thomas T. Hewson, M. D.

Resolved, That the demise of this gentleman, who was not less distinguished by his attainments in medicine, in literature, and in science generally, than by the amenity of his disposition, the urbanity of his manners, and the uprightness of his entire life, is an event deeply to be deplored by the members of this institution, with which he was connected during forty-six years, and over whose deliberations he presided for the last twelve years.

Resolved, That a Fellow of the College be appointed to prepare a memoir of our late President, to be read before the College.

Resolved, That a committee be appointed to prepare a letter expressive of the condolence of this College with the family of the deceased.

Signed: CHARLES D. MEIGS,
HENRY BOND,
D. FRANCIS CONDIE.

On motion, it was *Resolved*, That Dr. Franklin Bache, be requested to prepare and read before the Fellows of the College at his earliest convenience a memoir of our late lamented President, Dr. Thomas T. Hewson.

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Dr. Randolph's private career as a surgeon and clinical teacher commenced with his election to the post of surgeon to the Pennsylvania Hospital, as successor to Dr. Hewson, in the year 1835. Having enjoyed the advantage of intimate intercourse with his father-in-law, Dr. P. S. Physick, during the latter part of the life of that eminent surgeon, Dr. Randolph's mind was well stored with that kind of knowledge which can not be derived from books alone. Participating in the thoughts and actions of the distinguished masters of our art, the mind becomes, as it were, insensibly directed into the same channel, and to some extent, moulded into the same character. This intercourse, it is believed, contributed in no small degree, in fitting Dr. Randolph for the high responsibilities which he afterwards assumed, and in the discharge of which he sustained himself with so much ability. Although not originally educated for a physician, his success in the profession of his choice, fully justified the wisdom of his selection, and he was acknowledged among the most distinguished surgeons of the

country, and at the time of his death was exercising a wide influence in this department of science. Though a bold and fearless operator, he was cautious in the formation of his opinions, and never rushed into difficult or dangerous procedures without urgent necessity, or without having first counted the cost. As a clinical teacher Dr. Randolph was eminently *practical*. Without being eloquent or flowery in his style, he expressed himself with great clearness and fluency, seizing the important points of a subject and enforcing them with a distinctness and conciseness which imparted great value to his instructions. There was no attempt at a display of learning, no laboured analysises of the intricate details of the subject in hand, but a plain straight-forward, practical statement of his own views, based upon observation and experience. Dr. Randolph was especially distinguished for the zeal and industry with which he took up the new operation of lithotrosy, and for the unrivalled success with which he practised it. His fame as a lithotrotist was rapidly extending over the country, and he was resorted to from all parts of the Union, for the performance of this difficult and delicate operation. At the time of his death he was in the fifty-second year of his age, and in the height of a useful and honourable career, and his demise is most sensibly felt by a large circle of friends. The following resolutions relative to the death of Dr. R. were adopted by the College of Physicians of Philadelphia:

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derful, and that part of the evil soon cured. This wash cannot be too much praised for this purpose, for piles, and the like."—*London Medical Gazette.—British American Journal of Medical and Physical Science.*

A case of Eclampsia Parturientium, or Puerperal Convulsions. By THOMAS McGOWN, M. D., of Hillsborough, Mississippi.

Mrs. S. æt. 45, temperament lymphatico-nervous—had given birth to 14 children, and one miscarriage—was delivered about 3 o'clock, A. M., Sunday, Nov. 21st, of a female child—labor lasted about one hour and a half, and very painful,—attended by a negro servant as midwife. About 9 o'clock the infant was applied to the breast for the first time. Mrs. S. has since stated, that soon after it was applied to the breast, she had pain in the stomach, tinnitus aurium, apparently saw a great many lightning-bugs in the corner of the house. A *fit* now came on, attended with clonic spasms, chin drawn towards left shoulder, and other phenomena of epileptic fits. A boy was now started after me, (distance nearly eight miles.) After my arrival I learned the above; and also, after an interval of, perhaps little more than an hour, another fit came on, which lasted about 40 minutes. More than an hour after the subsidence of this fit, and soon after I entered the room, a third one commenced, which was very severe indeed, and threatened dissolution. It lasted about 30 minutes, and was succeeded by a state of *mania*, lasting about 20 minutes; during which she said many foolish things,—indicating complete aberration of mind. After this maniacal condition passed off, her system was very much relaxed, attended by a state of stupor or coma, stertorous breathing, and a hissing sound. After a time I aroused her, and administered one and a half teaspoonfuls tinct: opii, a little sulph: ether, in half a tea-cup of water. More than an hour after this—gave a dose composed of sulph: quinine, 8 grs., calomel, 10 grs., radix rhei pulv: 10 grs. There was an interval this time of about two hours and a half; during which she appeared to be doing tolerably well, except pain in stomach, and hurting of encephalon, which had been the case in all the intervals of fits. Then came a fourth fit, which was shorter and milder than any of the others; and this and the two first were not succeeded by the maniacal condition, as was the case after the third fit. It was, however, followed by stupor. After a time, I aroused her, and gave a dose of sulph: quinine, 8 grs., tinct: opii, 40 min. Four hours after this, gave a dose of sulph: quinine, with a little sulph: morphia.

22d, 7 o'clock, A. M.—Was informed about a double handful of clotted blood came away from the womb this morning. Administered a dose of sulph: quinine, 8 grs. radix rhei pulv: 10grs. Repeat the same every 4 hours; at bed time add sulph: morphia.

23d,—Spent a pleasant night, having slept a goodly portion of it. Sulph: quinine and radix. rhei. pulv., administered four times during the day, with addition of pulv: Doveri at 9 o'clock, P. M. Complained of soreness of encephalon, body, limbs and tongue,—the latter having been bitten (bruised) a little during the fits, though measures were used to prevent it.

24th,—No operation from bowels yet. Sulph: quinine continued. Child again applied to the breast this morning, which was followed by pain or hurting of stomach, and blindness for a few moments. At 3 o'clock, P. M., ordered oleum ricini, 3iij, and xx min: oleum, terebinth., which produced *dejectio alvina* in reasonable time; this being the first one since her confinement.

She continued to improve—feeling sore all over for several days, as though she had been beaten with a stick.

I should have remarked, that her *pulse*, soon after each fit was over, was about 95, hard and contracted,—during fits less frequent and not so hard. She had *hæmorrhoids*,—and during labor, prolapsus of rectum was induced, making a considerable tumor, which was oiled for a time and returned.

Her mental faculties were much impaired for several days; having no recollection of many things that transpired the first day or two after parturition, and but an indistinct one of many others.

December 1st.—Saw her again:—Was informed that she had done well, with the exception of *pain* and *tenderness* in *lower portions* of *dorsal region*, *pain* sometimes *running half way* to *sternum*, (*dorso-intecostal neuralgia.*) Ordered sinapism, or flannel dipped in hot ol: terebinth, to tender part of spine. Sulph: quinine, and carb: ferri internally, and being costively disposed, ordered aperients of different kinds,—*pro re nata.* Nourishing diet in small quantities at a time was allowed during the whole course of treatment.

Recovered.

Remarks.—The above case occurred in one of the wealthiest families in the county, and as has been seen, requiring prompt and decided treatment. Believing the treatment as recommended by authors, improper and unsafe in this case,—and without an opportunity of consultation, made it quite a responsible situation indeed, in which I was placed. Guided, however, by my own views of the case, which I believed to be consistent with the true principle of medicine, I proceeded to treat it as above stated.

With due courtesy to authors and my superiors in the profession, I believe this is one disease that is almost always improperly treated by them. I think the profession should re-investigate and

profoundly consider the nature and treatment of this affection, an opinion which is much strengthened by the great mortality of these diseases—about one in four proving fatal in *Eclampsia Parturientium*, according to authors.

Professor Dunglison informs us that some cases of these convulsions are decidedly *hysterical;* others more of an *apoplectic* character; "but the convulsions, which are most frequently met with and seriously complicate the parturient state, are *epileptiform.*" Professor D. further remarks;—"In numerous examinations that have been made of those who died during the existence of this form of convulsions, *no alteration* whatever was found in the condition of the encephalon;"—and says: "the affection would appear to belong unequivocally to the *neuroses.*" It appears somewhat surprising in this advanced age of medical science, that, without regard to the peculiarities of any particular case, we are told by one of the greatest compilers of the day:—"Whatever may be the condition of the encephalon in this alarming affection, almost all writers appear to be agreed, that our hopes of safety must rest on diminishing the amount of the circulating fluid," &c., and that blood should be taken in a full stream, &c. It has been said by Professor Meigs, that, "it is scarcely worth while, almost, to open a vessel to draw off eight or twelve ounces of blood. The patient ought to lose from thirty to sixty ounces at one venesection, if possible." Some have advised bleeding from the jugular vein. It is also said it may be necessary to repeat the bleeding again and again; and that but little nourishment should be allowed. I am disposed to question this sweeping generalization. Do we not know that large and repeated abstractions of blood, (especially in some cases,) are calculated to bring on convulsions; or that condition we should be endeavoring to combat?

This affection is classed by nosologists with the *neuroses;* and Professor Dunglison says it is most frequently epileptiform. Do we not know that powerful antiphlogistic treatment is not required for this family of diseases, nor even tolerated with impunity?—Yet we see Professor Meigs, and others, resort to it most heroically. And when such is the treatment, need we be surprised at the great mortality,—or if they survive would we not naturally expect dangerous or obstinate sequelæ. Professor D. says, "Continued ill health is apt to follow puerperal convulsions; and much care on the part of the practitioner is demanded, to avert many evil affections, which are amongst their sequelæ." This we might reasonably expect, where the system receives a severe shock, or much injury during the convulsions; but might not many of them be averted, or ameliorated, by the plan of treatment which I have suggested? I am not disposed to doubt that venesection is proper in some cases—especially in *eclampsia gravidarum,*—those of full habit, or sanguine temperament; but believe it is too dogmatically taught, without regard to the peculiarities of each case,

and too indiscriminately practiced,—hence, perhaps, one cause of its seriousness, and great fatality.

I wish it particularly borne in mind, that in the above case, venesection was *not* resorted to; and had I drawn "thirty to sixty ounces of blood at once," the patient would in my humble opinion, have succumbed.

I think it might be safely supposed, that the short and painful labor debilitated the system so much, that it was placed in a condition for the encephalon to sympathise with the matrix through the reflex nerves, and that on the line of this concatenation, a portion of the medulla spinalis sustained injury, as was manifest from the subsequent pain and tenderness in lower third of dorsal region.

Believing that the practice recommended by authors, is, at least to some extent, wrong and dangerous; I feel it my duty to the profession and to humanity, to suggest what may be of much interest to both;—and should I meet with a case that required venesection I should not hesitate to administer sulph: quinine, and sulph: morphine afterwards.

There are a great many opinions about the *modus operandi* of sulph: quin. We know that it exerts a powerful influence on the nervous system. In large doses, it acts as a tonic and sedative; perhaps its sedative effect is, at least to some extent, in consequence of its tonic influence. It appears that many physicians at the north do not understand the cases in which this great remedy ought to be administered, or they give it in too small doses; (in the *ship fever* in Philadelphia Dr. Turnbull gave "quiniæ sulphas, in pills of one grain, three times a day." See Med. Examiner, or Western Lancet & Med. Lib. vol. vi. no. 4, p. 239.) while some at the south go to the other extreme—giving it in very large doses—from fifty to sixty grains and more.*

It is highly important in the practice of medicine, that extremes be avoided. Nothing is here intentionally said, respecting delivery of the fœtus prior to, or during parturition. This paper has already been extended beyond what was intended at the outset.—*Western Lancet.*

THE NATURE OF GENERAL SHIELDS' WOUND.—This gallant soldier has recently been the guest of our city, and we were called upon to dress his second wound: being detained, we found our friend, Dr. Dugas, in attendance when we arrived. It is known that General Shields was wounded twice in the recent battles in Mexico. By the discharge of a *cannon* at Cerro Gordo, he was

* Dr. R. S. Holmes, Med. Staff U. S. A. says: "A patient at the north takes one or two grains almost daily for weeks. The largest dose he has given (in Florida) at a single dose, has been eighty grains. (See Ame. Jour. Med. Sci. for October, 1846, pp. 297, 304.

shot through the body and given over as certain to die. The General thinks it was a grape shot that traversed his chest. The balls had evidently passed between the *lungs, through the mediastina;* entering within the right nipple, and passing out near the spine on the right side. He spat no blood, did not fall, and even gave the word of command after being wounded. In a few moments he was in indescribable agony, and even prayed for death, to be relieved!

None but a medical man can fully appreciate the nature of this wound, which has no parallel on record.—*Southern Medical and Surgical Journal.*

Obituary Record.—Died, January 29th, of Typhus Fever, caught in the discharge of his professional duties, Dr. Joseph Bell, one of the most distinguished medical practitioners of Edinburgh. Dr. Bell was the youngest son of the late Dr. Benjamin Bell, the Liston of his day, one of the most celebrated operators and practical surgeons that Scotland can boast of. His mother was a daughter of Professor Hamilton, who filled with distinction the Chair of Divinity in the University of Edinburgh; so that by parentage, as well as by professional celebrity and personal labours, the name of Dr. Bell has long been intimately connected with the medical renown of the Scottish metropolis.—*Medical News.*

Amputation during Spreading Gangrene.—[Extract of a letter to the Editor from U. S. Thomas, M. D., of Longview, Tenn.]

In reading the review of the work of Chelius, in the January Number of the Journal, I discover that I can furnish a fact bearing on a dispute between that author and his translator, Mr. South, which is at your service. Some years back, a Mr. Garner, while driving a wagon, was thrown from his horse and dragged some distance, producing a compound dislocation of his ankle, and a slight fracture of the end of the tibia. The parts were adjusted, but mortification took place. When it had reached the knee, and was still progressing, Drs. Cooper and McDaniel, of Clarksville, were called in consultation. The whole of the thigh was emphysematous, and supposing that it indicated commencing gangrene, we were much embarrassed in coming to a decision. We supposed that the mortification would be fatal if not arrested, and doubted the propriety of cutting through a part with incipient gangrene. We finally concluded that the circumstances justified amputation. The limb was removed above the knee, and the man recovered without a bad symptom.—*American Journal of Medical Sciences.*

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. I. SEVENTH MONTH, (JULY,) 1848. No. 4.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

Report of the Standing Committee, to the President and members of the New Jersey Medical Society.

Gentlemen—By reference to the proceedings of the last Annual Meeting of the Society, we find the question of deciding upon the propriety of professional intercourse with empirics and other illegal practitioners, was referred to the Standing Committee, for their examination and opinion.

In accordance with the above reference, we would respectfully state, that we consider the subject one of grave import, one demanding consideration and reflection. If under the term empirics, we class every practitioner that has not complied with the strict letter of our law, the decision would be easy; but unfortunately, throughout the length and breadth of the state there are many medical men who in by-gone years passed through the regular periods of study, submitted to an examination from legal Censors of New Jersey; and who, for longer or shorter periods were orthodox practitioners, but from insufficient success, or a desire for novelty, abandoned their first love, and became Homœopathists. These individuals still shelter themselves from prosecution and fine under their licenses, and by virtue thereof collect their dues and demands. They are (generally speaking) classical men, moral, virtuous citizens, and with the exception of having adopted a most absurd theory and mode of treating disease, still deserving the right hand of fellowship. How far we are justified in making them an exception to nostrum manufacturers and ven-

ders, Thomsonians, Hydropathists, &c., &c., is, as above mentioned, a question of grave import. If, in these cases, aberration from orthodoxy is the effect of a morbid desire of change or novelty, we may hope, their judgments (after the pleasure imbibed from the transition) shall (like every thing else under the sun) wax old, be renovated, the scales fall from their eyes, and reason and common sense once more sway them. Under such anticipations we think guarded medical intercourse will be advisable, and may influence their restoration to the pale of the orthodox church.

Your committee would therefore recommend a line of distinction to be drawn in our intercourse with them, Homœopathists and other empirics who have never subscribed to our laws. In all other cases of *illegal practitioners*, your committee cannot too strongly inculcate perfect non-intercourse—their name is legion, and like the scrofulus tubercles of the lungs, corrode and destroy the vitality of the whole system.

So long as a law regulating the practice of medicine adorns our statute books, so long it is our duty to obey its enactments. If we evade it in one instance, we may with equal propriety, in all; and thus destroy its utility in toto. If the law is erroneous and burthensome, let it be repealed. If the people are injured in their health and property by its observance, they have the power, and can annihilate it.

In tolerating Homœopathists to the extent suggested, there is no law violated, no enactment vitiated. Our observations are intended to bear upon New Jersey Homœopathists, who have anteriorly been Alleopathists, and in becoming so have fulfilled all our regulations.

Homœopathists, beyond the pale of our church, are to all intents and purposes illegal practitioners; and therefore amenable to the same kind of non-intercourse as Thomsonians, or nostrum venders, deserving and demanding from us similar exclusion. These are our views, and as such we respectfully submit them.

We cheerfully coincide with the view taken by the Reporter of the middle district, in suggesting the appointment of Reporters for every county, and your committee think such by-laws should be enacted as to cause each of these Reporters to transmit their reports to the chairman of the Standing Committee, on or before

the first of April in each and every year: this regulation will enable the general Reporter, i. e. the Chairman of the Standing Committee to prepare his document, call a meeting of his associates, and submit it to them for examination and modification.

Your committee are of opinion that some more effective plan should be formed for the examination of students. As the Censors are now appointed, their intimate connection with their respective district societies and participation in the business of the meetings, so occupies their time, as to render the organization of their board impracticable before afternoon; leaving the intervening time between that and night entirely too short, (more especially if several candidates offer) to examine them in each of the branches of our profession designated by the law.

Your committee would suggest an alteration in the day specified for the meeting of the Censors, or the appointment of Censors unconnected officially with the district societies. The day selected for the meeting of the Censors might be the same all over the state, and by fixing it on a day different from that on which the district societies held their annual meetings, the one difficulty would be obviated.

Again, your committee would likewise recommend a suitable provision or remuneration to be made to each Censor for his services, and that he be requested to devote more time in examining the respective candidates in all the designated branches of the science.

Your committee would likewise recommend the society to take under its especial care and attention, some respectable Medical Journal, or purchase the New Jersey Medical Reporter, now published at Burlington: and if that cannot be effected, to ascertain by a committee (to report at the next annual meeting,) the expediency of commencing a second medical work. The committee had not the slightest intention of retarding the circulation or injuring in any mode the one now extant; on the contrary, it was with the most delighted feeling they saw its primary annunciation, anticipating the hour (long since passed) that we too, "Jersey Blues," might boast of having written a book: and may we be permitted, Mr. President and fellow members, to congratulate the whole profession, as well as our association, on having secured

a denizen in our midst, and a medical brother who has executed the task with gratification to us and honor to himself, and we would respectfully call the attention of our medical brethren through the length and breadth of the state, thereto.

Your committee believes the day has arrived that will (with the society's aid) justify the publication of one large Quarterly Medical Review, as large as "Hay's Journal of the Medical Sciences," or two of smaller calibre, similar to that now so agreeably and satisfactorily emanating from Burlington. Whichever of the plans deliberate judgment may select, we think an alliance with our medical pioneer, would not only strengthen his press and certainly detract nothing from ours—on the other hand, enhance its usefulness and benefit.

Your committee most sincerely congratulate, not only the society, but the community at large, on the prospect presented in all sections of the state, for the improvement and advancement of medical science; it speaks language that must gladden the heart of every philanthropist.

The brilliant galaxy of legitimate science is rapidly dispersing the fogs and mists of ignorance and credulity; and the idea once very generally cherished, that our State society was a Hydra, branching through every section of the state, for the sole purpose of enriching ourselves at the expense of the people, is rapidly becoming obsolete.

The medical horizon is, we flatter ourselves, comparatively calm and serene; the whole circle of the heavens but partially obscured, it is true the reckless boldness of the empirics, their indefatigable efforts to nullify all philanthropic exertions, vilify and blacken every legitimate discovery, gives a dark, gloomy and portentous aspect to the future: but experience has taught us however dark may be their aspect, they are "*vox et prætera nihil*"—sound; false assertion, and impious declamation only—they may whistle for a while, but are rapidly passing away.

However cheering the prospect before us, we must be on the watch for tempests and convulsions—politicians tell us that eternal vigilance is the only safeguard of liberty; and experience proclaims for the prevention of empiricism, the preservation of health and strength, sound medical skill and science is needed, which

can only flow from pure, upright and intelligent physicians; the moment the medical man's time and attention is solely directed to individual aggrandizement, his usefulness is diminished, and he will sooner or later fall a victim to his selfish purposes.

The sentiment once cherished, of our society being organized to enrich its members, by united pressure on the people, was the most unfortunate and inhuman man could invent.

> "A little learning is a dangerous thing,
> "Drink deep or touch not the pierian spring."

The knowledge of our society being incorporated without investigation of the motives of that incorporation, verified the language of the poet—had the inquiry been pursued its just length, the real motive, the philanthropy that formed its basis would have been displayed and a different, far different result would have been seen.

Whilst we are (as in duty bound) endeavouring to enhance the respectability and usefulness of our profession, by inducing illegal members to become legal brethren, we cannot too strenuously inculcate (amongst ourselves) that strict attention to our varied duties, its eminent professors have urged; to be ever ready to strangle in the germ, the fungous developments calculated to eradicate our noble science, is primary duty. At the same time we trust a rivalry will be displayed to prove that (now as heretofore) the most vivid pleasure of the physician and philanthropist will be to ameliorate and diminish the diseases and calamities of the human family, whenever and wherever found.

With such views and sentiments, our forefathers attempted and obtained a charter for this society: for very many years has it passed on its course rejoicing, and the result of its organization has been not only an essential advantage and improvement of medical science, but a blessing to the citizens of this state and the surrounding sections of the union.

To recapitulate and particularize the Howards that have emanated from its sanatory portals, would perhaps be invidious and misplaced. Our immediate object is of a different cast, and to that we advance. Before proceeding to remark the state and condition of disease manifested the past year, we would call the

attention of the society to the adoption of some plan more efficient than the one now in operation, to enlarge the sphere of our professional knowledge and skill. Might not the respective district societies be urged, to forward to us after each meeting a copy of the address or addresses at such periods usually delivered, together with every communication calculated to advance that object? These might be placed under the revision of a designated committee, to select therefrom and prepare for publication. This, or some similar scheme might (as your committee believe) be formed from year to year; and prove a useful auxiliary, to enhance not only scientific acquirements, but induce the public to pay more attention to our proceedings, and thereby acquire a more accurate estimate of our worth and philanthropy.

From examination of the respective medical reports hereunto annexed, your committee have the gratification of proclaiming to their medical brethren and the citizens of the state generally, that the past year has been one of exemption from wide spreading or devastating epidemics. Endemics however, such as typhus or ship fever, erysipelas, roseola, pertussis, and dysentery, have in distinct locations and different parts been manifested; the former imported (as generally believed) by shipboard from Europe, has raged most severely in our eastern counties and seaboard, as the erudite reporter from that district informs us; yielding however, in a majority of cases to cleanliness, free ventilation, and good nourishing diet; this course with gentle aperients, diaphoretics, counter irritation, mild tonics, acidulants and chalybeates, has proved successful.

In some portions of our state, erysipelas accompanied with typhus or nervous symptoms, has prevailed; this combination in our hemisphere (except in crowded cities) is unusual.

In by-gone days erysipelas was almost universally accompanied with synochal symptoms, demanding the most active depletory and refrigerant remedies; and so uncommon is the association above named in our rural locations, as to cause very many that have been interrogated on the point, to state their ignorance of its nature or character, except the information deduced from authors who have been recently introduced to the unpleasant stranger, and in consideration of these facts, your Chairman will observe

that in near half a century's extensive country practice he cannot call to mind a solitary case decidedly typhoid, demanding corroberants tonics and antiseptics.

The report from the Western district, marked No. 1., as first received, and hereunto annexed, contains a graphic and lucid detail of the various diseases prevailing in that section of the state, and their treatment interesting and instructive; and your committee believe they would be doing justice neither to him, themselves, or you, in abridging or curtailing it.

The direct professional connexion of the Chairman of the committee with the reporter of the middle district, leaves him little to add to the report therefrom, next in order received and likewise attached. We can with pleasure endorse the details there narrated, and in proof of the prevailing typhoid state of the location or its atmosphere, state, that very many years have elapsed since his lancet has been so seldom called in requisition as the present. The committee, as in the preceding case, believing abridgment unjust, present the whole.

The report from the Eastern district they leave likewise for your examination, believing it will not disgrace its associates, they tender no further observation on the trio than their deliberate opinion that each and every of them are sterling proofs of intellectual research and acumen, alike honorable to them as authors, as to the society of which they are members.

The committee feel anxious for the day to arrive that will place these and similar medical reports, documents, addresses and communications before the public, and fervently hope immediate steps will be taken to effect it.

In closing their report, your committee feel themselves impelled by both inclination and duty, to notice the serious misfortune not only the profession, but a large portion of the citizens of the state have sustained in the demise of their professional brethren and intimate friends, William Forman and John S. Condit, M. D's.

At the last annual meeting of this society, the assemblage was benefitted and enlightened by the presence and co-operation of the former; one of its most respectable fellows.

To those who had the pleasure of his acquaintance, it is unnecessary to say, that his presence alone added utility, strength and

power to the congregated body. With a mind of transcendent calibre, a memory of extraordinary retentiveness, and a judgment (to say the least of it) very far above mediocrity: he displayed one of those superior organizations we do not every day enjoy the opportunity of associating with, and gaining laurels from the interview. In whatever position chance or design placed him, he was at home, whether examining the student or candidate for medical honor on the intricate structure of the animated machine, eliciting an explanation of its complicated functions, investigating the extent of his examinant's knowledge of the resources and benefits deducible from surgical science; diving into the modus operandi of re-productive nature—drawing out the nature, kind and virtues of vegetables, or the destructive character of mineral remedial agents, the same capability was manifested. And when drawn into the extensive field of classic and literary lore, the same superiority was evidenced. The club of Hercules seemed his by natural right of possession—no faltering, no hesitation marked his path. It has been the good fortune of the committee collectively, and individually, to enjoy repeated opportunities of testing his exalted merit, and with perfect unanimity do they declare, that on every important subject they have satisfactorily proved the truth of the above picture: yet with all these brilliant acquirements, with a character in every relation of life "*sans peur et sans rsproché*" with the duties of child, husband, parent, relative, and friend, faithfully discharged, truth and candor compels us to state he was of the class of unfortunates, who, with acquirements that most of us might envy, he passed through life without securing that independence his talents and qualifications demanded, and added to the truth of that melancholy aphorism that success and merit are too often antagonists. Peace to his remains: he was a shining light of New Jersey; a son whose memory should be cherished and revered, and in due consideration of his numerous virtues and transcendent abilities, it is suggested that the President of this society, in the name and by authority of the institution, address a letter of sympathy and condolence to the bereaved widow and orphans, and proffer such aid as may be deemed advisable, and that the members wear the usual badge of mourning, crape on the left arm for thirty days, as the best evi-

dence they can display of their affection and reverence to his memory.

Of John S. Condit, M. D., another of those worthy and important members of society, whose decease is not only a private, but public loss, creating a void in the community, not easily supplied, we cannot speak so satisfactorily as we could wish; but as a Condit. a name that has exalted the medical reputation of our state, we view him as a legitimate scion, and consequently possessing medical skill and medical acquirements of a superior grade; thus convinced, without the minute information of his practieal pre-eminence we possessed in the former case, we pass over succinct detail of his career as a physician, and proceed to another and different theme. As a legislator and statesman, something more may with truth and candor be said. For two consecutive elective periods, your Chairman was one of his associates in the Council chamber of our state, during that period he had abundant opportunity to test him, and although politically opposed to each other, your Chairman has the gratification of being able to state, that in all their intercourse the utmost urbanity and harmony subsisted between them. At various times his ability and talent shone resplendent. Justice and candor compel me to say that I considered him a man of decided superior cast; the patience, shrewdness and tact displayed in managing his political operations, was proof positive of his undoubted pre-eminence.

In all the domestic relations he shone conspicuous. Although associated at a moment of high political excitement, no unpleasant word, no harsh epithet, ever disturbed our sociability—strangers we met, friends, sincere friends, I have reason to know we parted.

Satisfied of his superior virtues as a citizen, and having full confidence in his professional standing and reputation, your committee believe they would be recreant to both feeling and duty, did they pass over in silence the departure of so worthy a friend and brother as the deceased—and they would recommend to the society the adoption of such marks of respect to his memory, as they in their judgment should deem just and proper.

That the cheering prospect so agreeably manifested the past year may rapidly increase, is our most fervent desire, and that

the horizon now commencing illumination, may increase and increase until it reach meridian splendor, is the fervent wish of your committee, and they trust it is needless for them to add their readiness and determination to carry out the behests of the society to the utmost extent of their power and ability.

Respectfully submitted.

JOHN LILLY,
L. A. SMITH,
E. J. MARSH,
} Standing Committee.

Since the meeting of this society the Standing Committee have heard of the death of Dr. Charles Smith, of New Brunswick, a fellow of this society and a veteran in the profession. He withdrew a few years ago from active professional life, with a competence acquired by years of patient industry, successful enterprise, and skillful application of professional knowledge; he was known to many of the elder members of the society as being one of the most learned and skilful members of the profession in the state. In his days of health and strength he was a constant attendant at our meetings, and took a warm interest in every thing that concerned the honor and interest of his professional brotherhood.

REPORT FROM THE WESTERN DISTRICT.

By Richard M. Cooper, M. D.

The Reporter for the Western District for the present year, in accordance with the by-laws of the State Medical Society, presents to the Standing Committee the following report for their information in regard to this district. The health of the inhabitants as far as has been in his power to ascertain by inquiry of the practitioners residing therein, as well as by personal observation, has been generally good, especially during the summer. In the autumn fever prevailed to a considerable extent, especially along the shores of the Delaware and its tributary streams, whenever

much meadow or marshy district was found, making its appearance in the latter part of August—it was almost always of an intermittent character; as the season advanced changing to the ordinary remittent and bilious fever. In most cases if it was treated early, the disease was of easy management; but if left to itself the intermittent form gradually ran into the remittent, and it again often becoming what is now called typhoid or nervous; but in no cases that we are aware of becoming genuine typhus, which has prevailed to a great extent in the narrow and ill-ventilated streets of some of the large cities.

In this district the fevers were seldom fatal, and then only from local inflammation occurring. As far as my observations go, the fever was best treated by the various preparations of quinine in the early stages; not waiting as was formerly recommended, for a perfect intermission, but only for a remission, provided the skin was not too dry and the tongue soft and moist; in this state of the system, quinine in moderate doses repeated at short intervals, was almost always certain to interrupt the paroxysm and convert it into a simple intermittent.

As the weather became cooler the fever almost entirely disappeared, very few new cases occurring, this in some measure inducing the opinion that these fevers are of malarious origin, produced in some way by the decomposition of vegetable matter, which require a degree of heat for their elaboration, higher than that of the latter autumnal months.

In the early part of the Winter, measles prevailed in sporadic cases at first, but gradually increasing until in the immediate neighborhood of your Reporter it assumed the character of a wide spread epidemic of unusual severity, much more so than has been known here for a number of years.

In most cases the principal force of the disease fell upon the respiratory organs, sometimes with the first symptoms, and in others not until the subsidence of the erruption and the patient seemed fairly convalescent, and had ceased to require the services of his medical attendant; in these cases typhoid pneumonia supervened of a severe and obstinate character, and in several cases proved fatal in young children.

With the approach of the mild weather of Spring, a marked

change in the severity of the epidemic was observed, which became much milder and in most cases requiring a mild treatment and confinement to a mild temperature in a warm room, thus differing very materially from the cases occurring in the Winter, which always required a prompt and active treatment.

Scarlatina, that fearful and justly dreaded infantile disease, has prevailed in some of the towns and villages of the district, but has not spread over such an extended surface as it has in former years.

In regard to the new discoveries and remedies in medicine, which according to the by-laws the Standing Committee is to obtain information, your Reporter has only to say, that the new remedies, ether and chloroform, about which we see so much in the medical and secular periodicals, in this district so far as has been ascertained, but few trials have been made.

Your Reporter is happy to inform the Standing Committee that in the immediate district which is under his notice, there is an increasing interest felt in the prosperity and success of the State and District Medical Societies; most of the younger members of the profession complying with the law of the state in obtaining licenses from the State Medical Society on commencing practice, and joining the Medical Societies in their respective counties, so that in a short time we have the prospect of seeing all the members of the profession regularly licensed and legal practitioners and members of their respective district societies.

Camden, April, 1848.

REPORT FROM THE MIDDLE DISTRICT.

By Samuel Lilly, M. D.

Your Reporter for the Middle District, in accordance with the by-laws of the Society, respectfully reports, that his means of ascertaining the state of health throughout the whole district, which is as you are aware, a very large one in geographical extent, have been limited, and therefore the report wtll embrace such facts

only, as have come under the immediate notice of the reporter and the physicians by whom he is surrounded.

In the spring of 1847, pertussis prevailed to a considerable extent. The visitation was not an extraordinarily severe one, and the cases yielded to the treatment usually resorted to in the disease, viz: anti-phlogistics, expectorants, anti-spasmodics, &c. This was especially true as regards the white population. In the colored population however, its mortality was great, hardly one of the graver cases yielded to the remedies used. I may say that three fourths of the colored children who were attacked with the disease died. Your reporter is unable to account for this fact except from the general poverty of that kind of population, want of proper care, cleanliness, &c., and also the greater susceptibility to severe congestion of the pulmonary organs usually attributed to blacks in this climate, by medical writers. Pertussis was succeeded by the usual diseases of early summer, viz: diarrhœa, cholera infantum, &c., in which no marked peculiarity was observed; the usual remedies being successful in curing the diseases.

The latter part of summer brought with it an epidemic dysentery,—a number of severe cases came under the notice of your reporter. The peculiarities noticed were the typhoid character of the disease—tendency to sink in the earlier stages of the attack; bleeding being admissible in only one case which came under my notice. The remedies prescribed by practitioners and authors of standing, were used with various success, no one course appearing to possess a marked superiority. Calomel, Dover's powders, and laxatives being used in the earlier, and astringents, camphor, blisters, &c., in the later stages of the disease. Almost all the fatal cases I met with could be attributed to the debilitating, drastic, and I may say lacerating effects of purges used by the patients before applying for medical aid. I could trace with absolute certainty the fatal character of two or more cases to the use of Wright's Indian Vegetable Pills, which are much in use as a purge, in this part of the country. Composed as they are, principally of the harshest cape aloes, they acted as a direct poison on the tender and inflamed mucous coat of the large intestines, producing abrasion which was followed by copious hæmorrhagic dis-

charges, thus sinking the patient down beyond the power of remedial influences, immediately.

In early autumn, remittent and intermittent fevers of a typhoid bilious character prevailed. These cases did not differ from the usual form of these diseases, except that tonics and stimulants were admissible in much earlier stages of the attacks, than commonly prescribed. Ship fever, or contagious typhus fever, I have learned prevailed in some portions of the district, introduced by foreign emigrants, but your Reporter has had no means of learning the peculiar nature of the disease, or the most successful means of combatting it

During the winter which was a remarkably open one, Pneumonia, Bronchitis, &c., prevailed to about their usual extent, but presenting no peculiarities that your Reporter is aware of, they are passed over.

In the early part of the present Spring a number of cases of rather singular character came under the notice of your Reporter and his neighboring physicians, which they were induced to believe to be inflammation of the muscular coat of the lerge intestines, complicated with hepatic derangement. The attacks were attended with violent pain in the hypogastric and illiac regions of the abdomen, obstinate costiveness, furred tongue, and a moderate degree of fever. The evacuations from the bowels which could with the greatest difficulty be procured, were extremely dark and tenacious, presenting almost the appearance of tan. The pian which was of a spasmodic character, was relieved by free purging with mercurials, together with the preparations of opium and camphor; this was followed by alterative doses of calomel, and where tenderness was detected, counter irritation by means of sinapisms, blisters, &c., was resorted to with beneficial effects. No case proved fatal, although many were very tedious in convalescing, and the patients much reduced by the disease. In no case which came under my notice was the use of the lancet admissible. The pulse being uniformly soft and perfectly compressible, and the general strength of the system prostrated.

Having thus in a very imperfect manner detailed the state of health of the district as far as I have been able to learn the same, it becomes my duty to speak of new remedies and discoveries in

medicine and its collateral sciences. The periodicals of the day, which are in the hands of the profession, must supply the place of an extended report from me. Ether and chloroform as anœsthetic agents, have filled the largest space in the public eye. The opinions of those who have used them differ so widely that I leave the committee to draw their own inferences.

In connexion with this report I take pleasure in stating, that an increased interest has been awakened in the profession to maintain its dignity and elevate the standard of medical acquirements and ethics, and to enforce the wholesome laws ot the State in relation thereto. District societies are springing up in almost every county destitute of them, and I trust a degree of *esprit du corps* evinced, which must lead to good results. Your Reporter would here take the liberty of suggesting to the Standing Committee and through them to the State society, the propriety of so altering the by-laws as to provide for the appointment of a Reporter for each county, instead of each district as heretofore. By this course your Reporter believes a more full, complete, and reliable report of the condition of the health of the state could be arrived at than the present.

Lambertville, May 4, 1848.

REPORT FROM THE EASTERN DISTRICT.

By Alexander Dougherty, M. D.

Not having been favored with communications from my brethren in the district, I shall be obliged in this article to quote mainly my own memoranda, hoping necessity may excuse its egotistical aspect.

During the year we have been mercifully spared the visitation of any wide-spread epidemic. The desolating cholera has not overshadowed us, nor even has influenza, its scarcely less formida- *avant courier*, crossed the Atlantic on tempest-wing, to strike down venerable age and lovely infancy in our midst.

The winter and spring have been signalized in the vicinity of

Newark, by the considerable prevalence of typhus, small-pox, erysipelas, and roseola. The former disease was introduced by immigrants, who coming out from New York immediately on landing, soon after sickened of ship fever. It was often obverved to spread through whole families, furnishing indubitable evidence of communicability. The treatment in use, and generally successful, consisted in the customary alterative cathartics at first, succeeded by the effervescing draught, cold sponging, derivatives to the extremities, ice to the head, and opiates. The complications which were chiefly of the head and chest, of course demanded leeches, blisters, and fomentations. Sordes, dry and black tongue, and debility, required the chlorate of potass, wine and beef-tea, which were administered with obvious benefit.

The disease generally yielded in two or three weeks, though occasionally persisting six or eight. A roseolas eruption in the first week, accompanied nearly every case.

Small pox has been mainly discrete or semi-confluent. In a family, several of whose members were attacked, I repeatedly, but vainly tried to vaccinate an infant, which afterwards exhibited only a few abortive pustules, showing peculiar inausceptibility to either disease.

Erysipelas was sthenic, requiring depletion general or local. An alterative course of calomel, antimony, and ext: hyoscyamus, alternating with effercescing draughts was pursued; soon, however changed for wine and quinine. The local applicatious were such as suited the fancy of the patient, whether lead lotion, decoction of poppy heads, or burnt flour. In a case where the cerebral complication had been severe, convalescence was protracted by the formation of abscesses of the scalp and eyelids.

The duration of the disease was from one to two weeks, the erythema travelling down the back and gradually fading away near the loins.

In two cases of phelgmonous erysipelas of the arm, deep incisions and encircling the limb with a strip of blistering plaster seemed to arrest the spread of the inflamation.

I have to report the occurrence in my practice, of one of those rare cases in which death results from vaccination. The virus was procured from a perfectly healthy child whose arm had been

no sorer than usual, and though it was applied to many others, unhappy consequences attended only this. The patient was an infant six months old, three weeks gone in whooping cough, which was very mild, and uncombined with fever.

The sore looked well until the fourth day, when it took to weeping; erythema commenced and soon enveloped the body, destroying life after a month of irritative fever, at length producing diphtheritic inflammation of the throat.

On enquiry it was ascertained that the family of the father in all its branches was very subject to erysipelas, and the untoward occurrence was laid to the account of hereditary predisposition.

Roseola which I have mentioned in the list of prevalent diseases, was not unfrequently mistaken by the public for measles; from which however it varied in several important particulars, besides occurring in many who had passed through the latter complaint.

There was little or no lachrymation and cough, the eruptive fever was slight, lasting only a day; the eruption consisting of small round distinct elevated rose-colored spots, sown pretty equally over a white ground, and not arranged in the crescentic form of measles. No treatment was necessary.

Some months ago I extracted an incisor from the upper jaw of an infant of six weeks old. At birth the tooth was felt just beneath the gum, and on coming through, interfered so much with nursing as to render its removal advisable.

The following remarkable case of ectopia cordis will be of interest to the profession.

Mrs. F. aged 22, asked advice relative to constant headache and palpitation. On examining the chest stethoscopically, what was my surprise *to meet with the heart* beating on *the right side, in the spot exactly corresponding to its normal place on the left.* She stated that she never remembered a different condition—had never received any injury, nor been the subject of any inflammation of the chest. Percussion gave a clear sound over the heart's normal location; while by the dulness it clearly defined the organ in its new quarters. In view of the frequent concomitance of malposition of other viscera, I explored the hypochondria, *and detected the liver in the left instead of the right.*

Breschet dissected four cases in the Foundling Hospital of Paris, where the heart was situated at the right side, without any of the other viscera being transposed.' Otto, Moellenbrock, Mohrenheim, and Elvert, have likewise described this species of displacement.

Dr. Bryan records a case of transposition of the heart and other viscera, the specimen of which is preserved in the superb museum of the Dublin College of Surgeons. Dr. Kennedy reports a similar case.

Moliere was not aware that Sojanarelle in the play "the doctor in spite of himself," might perhaps have hit it when he allowed his patient such grotesque allocation of organs.

The prevalence of quackery has always excited the rightful ire of the profession. Not simply because it diminishes proportionably the respectability and emolument of legitimate medicine, but unspeakably more because of its inherent wrong, and the evils which it entails on a credulous world. Interest and philanthropy then imperatively call for efficient measures to curb and curtail, if we cannot choke it.

The aid of law is not available, since it cannot be invoked without drawing on the head of the unlucky complainant a harrassing and injurious prosecution before the bar of public opinion. That "hydra-headed monster" with the fallacy of reason to be expected in an animal under the control of passion, denominates every act of the profession in self-defence, the offspring of envy, malice, jealousy, and protestations to the contrary are responded to with sneering unbelief. "'Tis true, 'tis pity, pity 'tis, 'tis true;" and as we cannot alter the fact, we should content ourselves with measures which have their operation in our own body.

If we are debarred from law, let us at least be permitted by the public in its excess of courtesy, what it assumes itself, the privilege of choosing our associates. Let us search out and intercommunicate, and through all channels send abroad every vile act, every contemptible subterfuge and lying pretension, every fatal folly and asinine error of which these vermin, crawling and fattening on the diseased body of society are guilty. Especially is it made the duty of the Reporters to observe these things, and hold them up to merited reprobation.

The most successful system of charlataning in our time, is Homœopathy. Based on nothing, nay, built of nothing, this airy shrine has a host of worshippers, whose adjuration is "the less credibility the more faith." The idea of the infinitesimal is as hard to conceive of, as the idea of the infinite, and this may furnish the key to the popularity of homœopathy.

The people professing fondness for life, great regard for skill, good sense and science, in those whom they entrust with their very breath, will nevertheless, employ men, who to leave the merits of their system out of question, are lamentably and glaringly deficient in the alphabet of our art—who know little of physiology, their best friend; little of anatomy, the first lesson in physical humanity; nothing of chemistry, for they abhor compounds; nothing of pathology, or diagnosis, for they only deal with symptoms, and nothing of surgery and obstetrics, because from long habit of doing nothing and leaving nature to do all, they dwindle (if they were ever any better) into feeble old women, they tremble at the approach of a crisis, and powerless, behold the wretched victim of their imbecility sweep by within grasp, toward the gulf of death.

In Newark we have several homœopathic quacks, who like their brethren, not content with regulating their practice by Jahr's Manual, that most ethereal of romances, implicitly limit their knowledge by it. Dr. N——, who we believe was till lately a dentist, and pushed out on the full tide of sugar practice after a year's study—during the process of bandaging a lying-in patient, asked with a King George wonderment if the striæ which marked the abdomen from a former pregnancy were caused by a blister! The same *sapient intuitive* confidently pronounced dislocation of the wrist what the Reporter on being summoned ascertained to be fracture of the radius, about an inch from its distal extremity. On the real nature of the accident being pointed out, he persisted that there had been *dislocation, which was reduced by the necessary manipulations.*

Lately a gentleman of the Essex Society was called to a case of labor, which, on arriving he ascertained was and had been for two days in the hands of a pair of these precious humbugs, Drs. A—— and L——.

The dystocia depended upon a simultaneous descent of the arm and head. The attendants stated that failing to return the arm, they had unsuccessfully attempted version. Our friend having easily accomplished the former manœuvre, rose to go, but was retained by the urgent solicitations of the women, as well as the Doctors themselves. Accordingly he retired into an adjoining room with L——, and A—— undertook to officiate at the bedside. Soon being requested by A. to apply forceps, he examined to discover if it was necessary, and merely by a little management with the fingers, succeeded to the discomfiture of the quacks in finishing the labor speedily and happily. Unless bronzed by long residence in the clime of lies, they might well have blushed.

One of them, Dr. A, can claim skill in diagnosis equal to that in practice, having named three plain cases of pneumonia, scrofula. The same astute *Hahnemann redivivus* saw merely trifling colic in a fearful attack of enteritis, which would have had a fatal issue if the patient's superior information had not fortunately induced his dismissal in favor of a more energetic practitioner.

I have this day seen a family containing half a dozen cases of small pox, the first of which on the fifth day of the eruption, Dr. L—— called kine-pox!!!

Now the question is, how shall we check the popular frenzy which bears these cheats on to fortune? And *primo*, let us not be mealy-mouthed. Are we firm in the conviction that homœopathy is an impudent imposition? Then let us avow it boldly, unreservedly, in face of friend and foe. Let us refuse all courtesy, personal and professional, towards its ministers; let us scent out and hunt as with a hound's keenness and zeal the foul monster, till it slink from the vicinage of civilization, to the companionship of the superstitions that flourish in murky heathendom.

It is superfluous to add that we should not extend it a quasi-sanction, by yielding to practice it if preferred. What a lowering of dignity. What an admission of ignorance. What a libel on medicine does this time-serving submission to senseless whim involve. Are our patients their own physicians? Then let them without interference have fools for their patients. Having principles that the waves of time beating for six thousand years have not been able to undermine, let us abide by them. Yes, rooted

and grounded in the faith, let us hold fast our profession unto the end, and eventually the wandering world will wheel into its accustomed path, around its old centre of light and attraction. Thus shall we draw a bright and eternal line between puerility and intellect, honor and impudence, conscience and rascality, mercenary meanness and noble devotion to truth.

But the radical measure against homœopathy is the elevation of the standard of medical education. The venders of sugar pills come mostly, to our shame and confusion, out of our own ranks—men half-taught, who, shouldered aside by their more accomplished brethren, glide into this popular and comfortable bye-path, to enjoy the smiles and the confidence of aristocratic hypochondriacs with more wealth than wit. Too many students pre-calculate the *minimum* of mental and pecuniary expenditure for a degree, and balance the profits of trade in life with those of trade in merchandize. Then if the ancient way of calomel, bleeding, and little thought, is worth to them $500 a year, and sugar pills with no thought would nett $1000, can they be expected to hesitate which of the two to choose? Now by increasing the labor and difficulties of the way, we shall diminish the influx of these dishonorable traders into our inclosure.

Farther, we are ready to grant that some homœopathic physicians are sincere; and their sincerity is owing to debility of reason—to want of mental training. Let *the curriculum* be such as to shut out from the student the possibility of this gross deception. Before touching a bone, let him learn to think strongly, independently, let his mind, so to speak, develope its muscles ere it essay the rudimentary tasks of our arduous art. Shall we not give the thews of Hercules for the mighty work of Hercules?—Then shall the profession, instead of being overstocked with drones who are not overstocked with wit, assume its proper place in the estimation of the world, and by force of evident superiority in classical, mathematical, and polite learning, as well as in its technicality, restrain the world's waywardness and tendency to quackery.

Away then forever with a scheme which allows the rustic like Harlequin, through a barrel, to leap at once from *Musa* and the rule of three, into the recondite mysteries of the human mechan-

ism, hard to be apprehended by the acutest intellect under the severest regimen, and utterly inaccessible to weak or misdirected effort. No more superficial scratching of the soil. A luxuriant crop will wave but over fields whose *sub-soil* has been ploughed up, and sown with the good seed in no stinted measure..

So shall we avoid the disgrace of continuing to furnish quacks to the world; and so in time will the laughter-moving dreams of Hahnemann sink into oblivion, or only be remembered as having formerly plagued the profession in just punishment for neglecting the education of its members.

Newark, May 2, 1848.

REPORT OF DELEGATES.

The Delegates of "the Medical Society of New Jersey," to "the American Medical Association," respectfully report the following:

The Annual Convention of the American Medical Association, for the year 1848, commenced its sessions in Baltimore on the 2d of May inst, and closed them on the 5th. The number of accredited delegates was four hundred and seventy-seven, of whom, two hundred and seventy-seven were in actual attendance; embracing some of the most distinguished Medical Professors, Physicians and Surgeons, from twenty-two States of the Union, and from the Medical Corps of the United States Army and Navy.

From this State, in addition to your own Delegates, the following gentlemen were in attendance, as representatives of their respective District Societies, viz: Dr. Saunders, of Gloucester; Dr. Taylor, of Camden; Dr. Gibbon, of Salem; Dr. Hunt, of Hunterdon; Dr. Haines, of Burlington, and Dr. Magee, of Passaic; being in all, eight from the State of New Jersey.

The Chair was taken by the venerable President of the Association, Dr. Nathaniel Chapman, of Philadelphia, who briefly ad-

dressed the Association on the auspicious circumstances under which it was convened, and the important reforms contemplated in its organization.

A resolution, providing for the opening of the sittings of the Association with prayer, by Clergymen to be invited by the Committee of Arrangements, after a somewhat exciting debate, was laid on the table; the Convention disclaiming any disrespect for such devotional exercises, and declaring its disposal of the resolution, to be made in deference to the conscientious scruples of a respectable portion of its members, whose regard for the great principles of religious truth, was no less decided than that of the Convention at large.

The following gentlemen, nominated by a Committee composed of one member, chosen by the delegates of each state represented in the Convention, were chosen officers of the Association for the ensuing year, viz: Dr. Alexander H. Stephens, of New York, President. Dr. Samuel Jackson, of Pennsylvania; Dr. J. C. Warren, of Massachusetts; Dr. Paul T. Eve, of Georgia, and Dr. William M. Awl, of Ohio, Vice Presidents. Dr. Alfred Stillé, of Pennsylvania, and Dr. H. I. Bowditch, of Massachusetts, Secretaries; and Dr. Isaac Hays, of Pennsylvania, Treasurer.

A communication from the New York College of Pharmacy, on the subject of the extensive importation of spurious and adulterated drugs and chemicals was presented, and after it had been read, the Association was addressed by Dr. Edwards, of Ohio, Chairman of the Special Committee, on that subject, of the House of Representatives of the United States. In the course of his remarks, numerous facts were adduced to show that some of the most valuable medicinal articles used in daily practice, were imported in an adulterated state, greatly to the sacrifice of human life, and to the derogation of the skill of the Medical Profession. A resolution of thanks to Dr. Edwards was thereupon presented and passed, and a committee ordered to prepare a memorial to Congress on this subject.

A report from the Standing Committee on Obstetrics was read by Dr. Harvey Lindsley, of Washington, D. C., its Chairman, characterized by great industry and patient investigation, and devoted chiefly to the availability of Ether and Chloroform, as

means for the diminution of the pains of parturition. The report decidedly favoured the cautious use of these articles, and declared that the practice was sustained by the fact that, in over one thousand cases, wherein one or the other of these articles had been employed, very few were attended with untoward, and none by fatal results; while by far the greater number yielded testimony to the happiest anœsthetic effect from their use.

Dr. George W. Norris, of Philadelphia, Chairman of the Committee on Surgery, read a well prepared and discriminating report on the subject of improvements in the treatment of surgical cases, which had been made during the past year; and was followed by Dr. Isaac Parrish, of Philadelphia, from the same Committee, with an interesting and elaborate paper on the use of Chloroform and Ether, as preventives and alleviators of pain, incident to surgical operations. This paper went largely into the history of the introduction of the practice, and of the facts, which, in his view, established the propriety of its general adoption.

The subject of this report, as well as that on the use of anœsthetic agents in Midwifery practice, was resumed in a subsequent stage of the proceedings of the Convention, and in the course of the debate, the Association was favored with the views of that veteran of the surgical profession, Dr. Warren, of Boston, who gave his decided testimony in favor of these agents, with enlightened caution, and expressing his preference of a preparation which he designated Chloric Ether, and which he described as a modification of Chloroform and Ether, possessing the valuable qualities of those articles, without their deleterious properties.

A sufficient amount of information to establish on a reliable basis the indications for, and the contra-indications against the use of these articles, not having, in the opinion of the Association, been collected, the reports were directed to be published, but the Association declined to commit itself to their principles, and referred the subject to the appropriate Standing Committees, with instructions to collect further information, and report at the next annual meeting.

The report of the Standing Committee on Medical Literature was read by its Chairman, Dr. O. Wendall Holmes, of Boston. This interesting Report presented an extended history of Ameri-

can Medical Literature, entered largely into a review of the merits and demerits of the various Medical Journals contemporaneous and retrospective, and gave a brief summary of the most important topics discussed in the more recent reviews. The production of a gentleman of great professional and literary accomplishment, of discriminating taste, and classic humor, and, written with a quill though armed with *caustic*, not dipped in gall, this Report is fitted to make a *durable* impression on our professional literature, the effect of which, it is hoped, may be seen in the substitution of candid and just criticism for partial laudation and ill-natured castigation, and of philosophical and original suggestion for indolent synopsis and impotent common-places.

The Report of the Committee on Practical Medicine, prepared by Professor Joseph M. Smith, of New York, was unfortunately lost, with the trunk which contained it, on the way to the place of meeting. Dr. Smith, however, made an exceedingly instructive statement of the subjects treated of in the Report, which, while it engrossed the interested attention of the Association enhanced the regret universally felt, on account of the loss of the written document. There is good reason to hope that this report, if not recovered, will be re-written, so that its valuable contents may not be lost to the profession. The matters embraced in Dr. Smith's verbal statement, were a reference to some reported improvements in the treatment of edematous laryngites by Dr. Gordon Buck, of New York; certain observed alternations of exanthematous diseases with yellow fever,—a review of the epidemics which have prevailed during the past year—remarks on the contemporaneous prevalence of typhoid fevers, measles and scarlatina—the identity of typhus, typhoid and ship fever, and some philosophical observations on the nature of the miasmatic influences concerned in their production.

The subject which awakened the most extended discussion in the Convention, was the Report of the Committee on Medical Education, which was read by Dr. B. R. Welford, of Virginia. Among other matters treated of in this valuable Report, were a statement of the requirements of American Medical Colleges, as contrasted with those of foreign countries—the comparative shortness of the term of medical education—the insufficiency of clini-

cal instruction—the injurious effects of competition among medical institutions, which has tended to lower the standard of qualification, and to laxness in requiring candidates to come up to a more elevated standard, when such has been adopted—the infrequency of the examinations of students, and the abuses growing out of the union of the business of teaching and licensing in the same body. The evils resulting from these causes were vividly portrayed in the Report, as seen in the annual addition to the number of medical practitioners in a ratio far exceeding, and indeed, almost doubling that of France and other foreign countries; and in the inferior grade of attainment made by a large proportion of those who are thus liberally admitted to the honors of the profession. The Report concluded with a series of resolutions, which, after an extended and animated discussion in which some of the most experienced and sagacious minds of the American Medical Profession participated, were, after amendment, adopted with great unanimity. These resolutions contemplated the recommendation to the governors of hospitals to open their doors for the admission of medical students—the more general introduction of clinical instruction—the institution of daily or weekly examinations by the professors of medical schools—the adoption of efficient measures to secure the habitual attendance and attention of students, at the lectures, as well of the first as of the second course—the requirement, in lieu of, or in addition to the customary thesis, of a description, by the candidates for degrees, of at least four cases of disease, made from their own observation, with the pathology, diagnosis, treatment, &c., and the appointment of official persons qualified to judge of qualifications of the candidates, to be present at their final examination for degrees.

It was a gratifying fact, elicited in the progress of the discussion, that the professors of the two oldest medical schools in the country, in compliance with the expressed desire of the last Convention of the Association, had already extended their terms of instruction; and that, in common with the teachers of the schools generally, they felt disposed cheerfully to accede to any practicable measures which should be recommended by the Association to elevate the standard of medical education.

Dr. Gwynn, from the Medical Department of the National In-

stitute, presented a communication from that body, desiring the Association to establish a committee on Public Hygeine, which desire was complied with, and a committee of twelve appointed accordingly. The subject of premature interments was referred to the same committee; as was also the subject of the deleterious effects of the excessive use of coffee and tea by children and the laboring classes.

A resolution recommending the establishment of medical societies in the States where none now exist, was, on motion of Dr. Atlee, of Pennsylvania, adopted by the Association.

Copies of the Charters and Constitutions of the Medical Societies of New York and New Jersey, were presented by Dr. Stephens, the President of the Association, in behalf of New York, and by the delegates of this Society, in behalf of New Jersey.

The delegates of this Society also presented a copy of the law for the registration of births, marriages and deaths, passed by the Legislature of this State, at the suggestion of this Society.

The President and Vice Presidents were authorised to appoint twelve delegates to represent the Association in the Provincial and British Medical Associations of Great Britain.

Standing Committees on various subjects of interest to the profession were appointed, in accordance with the provisions of the Constitution, the Medical Society of this State being honored with a place on two of these Committees, in the persons of their delegates.

The city of Boston was selected as the place of meeting of the Association for the year 1849.

The foregoing summary will serve to indicate the principal topics, which were the subjects of consideration and action by the Association. Your delegates regret that, on account of the short time that has elapsed since its adjournment, their description of this most interesting assemblage, so creditable, and promising such important benefits to our profession, must of necessity, be so meager and synoptical. They are gratified to be able to state that, in the ample report to be expected from the Committee of Publication, which will contain in full, the several valuable papers read before the Association, the deficiencies of their brief summary will be more than supplied. This report will

prove highly interesting and instructive to every member of the profession, and as it will be voluminous, and its publication be expensive, it is greatly to be desired that it will be generally sought by all who feel concerned for its elevation and improvement. To meet the expense of publication, an assessment of three dollars was laid on the members of the Association, and a resolution was passed, requesting an appropriation from the different local societies.

Your delegates in concluding their report, cannot withhold the expression of a grateful appreciation of the attentions paid to them, in common with the representatives of other societies and institutions, as well by the faculties of the two Medical Colleges in Baltimore, as by individual members of the profession, resident in the city, and of the greatly exalted sense with which the discussions they have heard, have impressed them, of the practical good sense, wisdom, learning and professional worth of the honorable brotherhood to which we all belong. May its future meetings be characterized by like good feeling, and equally redound to its honor. Respectfully submitted,

SAMUEL H. PENNINGTON,
JOSEPH FITHIAN.

HISTORY OF THE MEDICAL SOCIETY OF NEW JERSEY.

The first rise and progress of the Medical Society of New Jersey, from 1766 to 1848, *read at the late Annual Meeting, by*

J. B. MUNN, M. D.

"The low state of medicine in New Jersey, and the many difficulties and discouragements, alike injurious to the people and the physician, under which it has hitherto labored, and which still continues to oppose its improvement in utility to the public, and its advancement to its native dignity, having for many years past engrossed the attention of some gentlemen of the profession, and occasionally been the subject of their conversation, it was early last winter determined to attempt some measures of rescuing the art from that abject condition (not to say worse) into which it

seemed too fast to decline. It was deemed also, that a Medical Society well conducted, would naturally derive credit on the profession, and ever be of the highest advantage both to the public and to the several members." With these good views the annexed advertisement was inserted in the New York Mercury.*

"A considerable number of the practitioners of physic and surgery in East New Jersey, having agreed to form a society for their mutual improvement, the advancement of the profession, and the promotion of the public good; and desirous of extending as far as in their power, the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite gentlemen of the profession in the Province, that may approve of their design, to attend their first meeting, which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday the 23d of July, at which time and place the Constitution and regulations of the Society will be settled and subscribed."

Dated, East New Jersey, June 27, 1766.

In consequence of this, a large body of the most respectable practitioners in the Eastern Division of the province, met on the day appointed at New Brunswick, where they formed themselves into a standing society and voluntary incorporation, according to the following plan, viz:

"*Instrument of Association and Constitution of the New Jersey Medical Society.*

Whereas medicine, comprehending properly physic and surgery, is one of the most useful sciences to mankind, and at the same time the most difficult to be fully attained, so much so, that indeed perfection therein is perhaps never to be acquired, the longest life spent in its pursuit always finding something new to occur, and lamenting something still wanting to perfect the art. And as every means therefore, that will tend to enlarge the stock of knowledge and experience of the pursuer of this science, should be eagerly sought after and prosecuted; and whereas among those gentlemen of particular towns, neighborhoods, or districts, who

* No newspaper printed in East New Jersey at this time it is presumed.

have been already initiated in the healing arts, and engaged in the practice, nothing seems better adapted to such a desirable end than a friendly correspondence and communication of sentiment, especially if united in a well regulated society; the improvements of each, either from study or observation, being by this method diffused to many, and each member as well as the public being thereby essentially benefitted, exclusive of the pleasures of social intercourse, and the many useful refinements that might flow from thence: And whereas, further, considerable advantages from societies of this kind properly instituted, might frequently arise, particularly where the laws or custom had not established necessary regulations respecting the admission of candidates—the maintenance of the dignity of the profession, and the security of the public from impositions and the like, it being in such cases, 'till better remedies be provided in the power of a society including the reputable practitioners of a city, county, or large district, to do much for the advancement of their art, and the interests of the people among whom they reside.

Moved by sentiments of this kind, and with the most upright and sincere intention of promoting the above mentioned and other good purposes, we the subscribers, practitioners of physic and surgery in New Jersey, now assembled, have agreed to form ourselves, and do hereby form and unite ourselves into an amicable and brotherly society, to be called and known by the name of the *New Jersey Medical Society*. And for the better carrying our good designs into execution, have voluntarily and unanimously consented to, ratified and confirmed the following articles or laws, as the fundamental constitution of our association: which constitution, we do hereby engage each for himself to the whole, and to one another as far as possible, inviolably to observe and fully to submit to, as obligatory on us."

Passing by the rules for the organization of the society and auxiliary societies to be formed, as somewhat too lengthy in detail for this narrative, we extract some of the rules in the aforesaid constitution; which is deemed most important to notice as emanating from the first founders of the society, viz:

1. That we will never enter any house in quality of our profession, nor undertake any case either in physic or surgery, but

with the purest intention of giving the utmost relief and assistance that our art shall enable us, which we will diligently and faithfully exert for that purpose.

2. That we will at all times when desired, be ready to consult or be consulted by any of our brethren, in any case submitted to us.

3. That we will not pretend to, or keep secret any nostrum or specific medicine of any kind, as being inconsistent with the generous spirit of the profession, but will at all times be ready to disclose and communicate to any member of this society, any discovery or improvement we have made in any matter respecting the healing art.

4. That we will on all occasions treat one another as becomes the medical character; and that each of us will respectively do our utmost to maintain harmony and brotherly affection in this society, and to promote the usefulness of it, both to the profession and the public.

5. That as we have separated ourselves to an office of benevolence and charity, we will always most readily and cheerfully (when applied to) assist gratis, by all the means in our power, the distressed poor and indigent in our respective neighborhoods, who may have no legal maintenance and support from their country.

6. That this society will do all in their power to discourage and discountenance all quacks, mountebanks, impostors, or other ignorant pretenders to medicine, and will on no account support or patronize any but those who have been regularly initiated into medicine, either at some University, or under the direction of some able master or masters, or who by the study of the theory and practice of the art, have otherwise qualified themselves to the satisfaction of this society, for the exercise of their profession.

Dated 23d July, A. D. 1766.

Signed by Robert McKean, Chris. Manlove, John Cochran, Moses Bloomfield, James Gilliland, William Burnet, Jona Dayton, Thomas Wiggins, William Adams, Bern. Budd, Laurence V. Derveer, John Griffith, Isaac Harris, James Sacket, Jr.

The Medical Society of New Jersey thus organized by its first founders, show by the subsequent record of their proceedings,

that they progressed prosperously, and became a numerous and highly respectable society, by the accession of members from East and West New Jersey. It may be seen in all their doings at their annual and other meetings, that they employed their time zealously, in efforts for mutual improvement in the science of medicine and surgery; that they had annual addresses from their Presidents—the statements of cases of disease—gave gratuitous advice and prescriptions, in all such important cases as were brought to their view at their meetings, and engaged in discussions upon medical topics occasionally, until the 4th of November 1775; after which time their meetings were discontinued for some years, for reasons set forth by a committee appointed to report thereon, on the 6th of November 1781; who at the next meeting on the 7th of May 1782, reported as follows: "That with regret we observe the vacation of six years in the Journals of this society; and to prevent any reflections that might arise, unfavorable to its reputation in the minds of uninformed or disingenuous persons, it is thought necessary to assign here the cause and reason of this suspension in medical erudition. The war (which has been productive of the happy revolution in America) having claimed the attention of all ranks of freemen; most of the members of this society took an early and decided part in the opposition to British tyranny and oppression, and were soon engaged, either in the civil or military duties of the State; added to this the local situation of the war, (the scene of action being chiefly in this, and the adjoining states) rendered an attendance on the usual stated meetings, not only unsafe, but in a great measure impracticable, from the scattered and distant residence of the members. Sensible, however, that improvements which would do honor to the most elevated understandings, are oftentimes hit upon by men of more confined abilities; and that in medicine, as well as in every other circumstance of life, it is our duty to avail ourselves us much as possible of all discoveries tending to the common benefit. As soon as sufficient order and harmony was restored to civil government and society, a convening of the members was again deemed necessary and proper, as well to re-establish it upon its former liberal and reputable principles, as to place it under the patronage of the authority of the state."

As this society, thus re-established, was destined soon to be connected with State Legislation by special statute in their favor, it may be interesting to trace its history in that channel. By reference to the ancient records of this society, it appears among other things, that at an early day after its first formation, the attention of its members was engaged in putting forth efforts to obtain an Act of the Provincial Legislature, to protect and encourage them in their laudable endeavors to elevate the medical profession to a higher standard in qualifications and usefulness.

In the minutes of the society, dated 10th, November 1772, we find this record: "Resolved, that the thanks of this Board be given to Doctors Cochran and Bloomfield, for their attending the House of Assembly, and obtaining a law for the regulation of the practice of physic and surgery in this province."

The act is as follows:

An Act to regulate the practice of Physic and Surgery within the Colony of New Jersey. Passed September 26, 1772.

Whereas many ignorant and unskilful persons in physic and surgery, to gain a subsistence, do take upon themselves to administer physic, and practice surgery, in the Colony of New Jersey, to the endangering of the lives and limbs of their patients; and many of his Majesty's subjects, who have been persuaded to become their patients, have been great sufferers thereby; for the prevention of such abuses for the future,

Sec. 1. *Be it enacted by the Governor, Council, and General Assembly, and it is hereby enacted by the authority of the same,* That, from and after the publication of this act, no person whatsoever shall practice as a physician or surgeon, within this colony of New Jersey, before he shall first have been examined in physic or surgery, approved of and admitted by any two of the Judges of the Supreme Court for the time being, taking to their assistance for such examination such proper person or persons as they in their discretion shall think fit; for which service the said Judges of the Supreme Court as aforesaid, shall be entitled to a fee of *twenty shillings*, to be paid by the person so applying: and if any candidate, after due examination of his learning and skill in physic and surgery as aforesaid, shall be approved and admitted to practice as a physician or surgeon, or both, the said examiners, or any two, or more, shall give under their hands and seals, to the person so admitted as aforesaid, a testimonial of his examination and admission in the form following, to wit:

To all to whom these presents shall come, or may concern;

Know ye, that we whose names are hereunto subscribed, in pursuance of an Act of the Governor, Council, and General Assembly of the colony of New Jersey, made in the twelfth year of the reign of our sovereign Lord King George the third, entitled *An act to regulate the practice of physic and surgery within the colony of New Jersey*, have duly examined of physician or surgeon, or physician and surgeon, as the case may be, and having approved of his skill, do admit him as a physician or surgeon, or physician and surgeon, to practise in the said faculty or faculties, throughout the colony of New Jersey. In testimony whereof we have hereunto subscribed our names, and affixed our seals, to this instrument, at this day of Annoque Domini 17 .

Sec. 2. *And be it further enacted by the authority aforesaid*, That if any person or persons shall practice as a physician or surgeon, or both, within the colony of New Jersey, without such testimonial as aforesaid, he shall forfeit and pay for every such offence, the sum of five pounds; one half thereof to the use of any person or persons who shall sue for the same, and the other half to the use of the poor of any city or township where such person shall so practice contrary to the tenor of this act; to be recovered in any court where sums of this amount are cognizable, with costs of suit.

Sec. 3. Provided always, That this act shall not be construed to extend to any person or persons administering physic, or practising surgery, before the publication hereof, within this colony, or to any person bearing his Majesty's commission, and employed in his service as a physician or surgeon. *And provided always*, That nothing in this act shall be construed to extend to hinder any person or persons from bleeding, drawing teeth, or giving assistance to any person, for which services such persons shall not be entitled to make any charge, or recover any reward. *Provided also*, That nothing herein contained shall be construed to extend to hinder any skilful physician or surgeon from any of the neighboring colonies, being sent for upon any particular occasion, from practising on such occasion within this colony.

Sec. 4. *And be it further enacted by the authority aforesaid*, That every person now practising physic or surgery, or that shall hereafter be licensed as by this act is directed, shall deliver his account or bill of particulars to all and every patient, in plain English words, or as nearly so as the articles will admit of; all and every of which accounts shall be liable whenever the patient, his executors or administrators shall require, to be taxed by any one or more Justices of the Supreme Court, or any one or more of the Judges of the Inferior Court of Common Pleas of the county, city, or borough wherein the party complaining resides, calling to their

assistance such persons therein skilled as they may think proper.

Sec. 5. *And be it further enacted by the authority aforesaid,* That every physician, surgeon, or mountebank doctor, who shall come into or travel through this colony, and erect any stage or stages for the sale of drugs or medicines of any kind, shall, for every such offence, forfeit and pay the sum of twenty pounds, proclamation money; to be recovered in any court where the same may be cognizable, with costs of suit; one half to the person who will prosecute the same to effect, the other half to the use of the poor of any city, borough, township or precinct, where the same offence shall be committed.

Sec. 6. *And be it further enacted by the authority aforesaid,* That this act, and every clause and article herein contained, shall continue and be in force for the space of five years, and from thence until the end of the next session of the General Assembly, and no longer.

The next act of the kind is a public act, entitled "An act to regulate the practice of physic and surgery within the State of New Jersey," passed the 26th, of November 1783; and contains a legal provision for the mode of examination to obtain a license to practice physic and surgery, and a preamble and penal enactment similar in character to the act of 1772.

The next, is an act incorporating the Medical Society of New Jersey, and was passed the 2d of June 1790, and is declared substantially in the preamble to be for the better carrying into effect the literary and scientific objects of the society. The act among other things, provides a mode of organization—that fifteen members shall be the quorum, and its charter to expire in twenty-five years. The society under its act of incorporation, proceeded to hold their regular meetings from this period until November 3d, 1795, when we have to record another discontinuance in its meetings until the 23d of June 1807; a period of nearly twelve years.

The cause of this discontinuance in holding their meetings, is stated to have been, by reason of the small number of their attending members becoming at this period reduced by age, infirmity, death, removal and otherwise, so that a quorum according to the terms of their charter, could not be obtained to meet and organize for business; therefore a circular invitation was given by some of the members, to all licensed practitioners in the state, to meet with them and become members of the Society on the 23d of June 1807, aforesaid. At this time and place

nineteen individuals of the medical profession attended in consequence of the foregoing invitation, and became members, of which number the writer of this narrative was one.

It seems proper to state in this place, that this accession of new members, without examination, only being received upon their declaration that they were licentiates, and without a constitutional quorum to admit them, was done from the necessity of the case, to keep up the existence of the society under the act of incorporation, at the same time, the whole proceeding was in open violation of their charter, and one of their fundamental rules for the admission of members, which they suspended for the occasion. However, upon their representation of the whole proceedings frankly, to the state government the same year, an act of the legislature to legalize their proceedings was passed.

The Medical Society of New Jersey thus revived by the addition of new members and the yearly accession of others, continued to progress favorably, and it is believed beneficially for themselves and the public good, until the expiration of its charter in 1816, when a new act of incorporation, under the name of the "*Medical Society of the State of New Jersey*," was passed, to continue in force twenty-five years, unless sooner modified or repealed.

This law contains a penal enactment against all persons who shall practice physic and surgery within the state thereafter, without a license, only so far, as to debar them from recovering their bills in courts of law, at the same time, it permits, or authorizes all unlicensed persons in the state who were in practice previous to the passage of this act, to doctor the community in their own way: or in other words, licenses all the quacks or impostors at that time in the state, to pursue their trade, on a par with the well educated and well qualified licentiates of our profession. Nevertheless, the society has uniformly prospered and continued in its labors of usefulness until the year 1830, when the present act under which we are organized, was passed.

In this law, as is well known, there is a penal enactment against every person who shall practice physic and surgery within the state, without a diploma from the Medical Society of New Jersey, and a fine imposed of twenty-five dollars upon every one

who violates the law. The present act states also, "that it shall e taken and considered as a *public act*," consequently subject to amendment or repeal, at the pleasure of the legislature.

The following conclusions are now offered:

1. That the Medical Society of New Jersey, dating its origin from the year 1766, was the first and most ancient society of the kind regularly formed and organized on this continent.

2. That the colonial legislature of 1772, actually passed an act to regulate the practice of physic and surgery within the then province of New Jersey.

3. That the legislative act to regulate the practice of physic and surgery, passed in the year 1772, from the best evidence we now have, was the first of the kind enacted by any state in the Union.

4. That as far as we can now ascertain the fact, New Jersey has not been behind any state in the confederacy, thus far, in legislating from time to time with a view to prevent quackery under any name or form, within its bounds.

5. In our medical history, we have reason to exult in the facts, that we have had the aid, not only of state authority to patronize us from a remote period up to this day; added to which, we may with much satisfaction state, that, as a scientific profession we have uniformly been encouraged and sustained by the support of intelligent clergymen—the gentlemen of the bar—the scientific and literary classes in general,—with the aid also of the well educated portion of the community, in all parts of the state. At the same time let us indulge the hope that a brighter day still is opening for us and posterity, when the increase and diffusion of knowledge shall dissipate the mists of ignorance and prejudice from our land, and *education* pouring its rays of light and truth upon all, shall form a perpetual bond of union with all, the better to secure and perpetuate the rights, interests, and happiness of the whole people.

MINUTES OF THE EIGHTY-SECOND ANNIVERSARY OF THE MEDICAL SOCIETY OF NEW JERSEY.

The eighty-second anniversary of the Medical Society of New Jersey was held at New Brunswick, May 9th, 1848.

The President J. T. B. Skillman, in the chair.

Forty-three members were present, including the officers, fellows, and delegates from twelve District Societies.

The President addressed the society upon the subject of "sympathetic disorder of the gastric and intestinal nerves."

Interesting reports were received from the Standing Committee by Dr. J. Lilly, chairman, and from the Delegates to the National Association, by Dr. S. H. Pennington; also, reports from several special committees, viz, one upon professional intercourse with persons not regularly licensed, which was re-committed to the same committee (of which Dr. Parrish is chairman) to report at the next meeting. A report upon the subject of licenses was accepted, and referred to the consideration of next meeting.

The resolutions offered at a previous meeting by Dr. Forman, were finally disposed of by a motion to refer them to the delegates to the next National Association, to be submitted, if deemed advisable, to the action of said association.

A request was read from the committee upon applications for the passage of a Registration law, and the following resolutions submitted by Dr. Marsh, were adopted:

Resolved, That it be recommended to the members of the Medical profession in the state, to furnish all the assistance in their power to the Town Clerks of their respective localities, to carry into effect the provisions of the law for the registration of marriages, births, and deaths.

Resolved, That it be recommended to the District Societies to enforce the execution of the registration law, in all cases of wilful neglect or non-performance of duty on the part of the town clerks of their respective districts.

A report from medical gentlemen of the county of Mercer, for a commission to institute a district society for that county was

granted, and they were authorized to meet at the house of Samuel Kays, Trenton, on the 23d of May, for that purpose.

The Standing Committee were requested to prepare some suitable obituary notices of Drs. W. Forman, John S. Condit, and Charles Smith, whose deaths were noticed in the annual report of the committee; and to publish the same in the New Jersey Medical Reporter.

A communication was received from a committee of the College of Pharmacy, of Philadelphia, relative to the adulteration of drugs and medicines, asking the co-operation of this society in memorializing Congress. Whereupon the following resolution was adopted, viz: "That a memorial be prepared upon the basis of said memorial and circular, and be signed by the officers of this society and transmitted to Congress."

The following gentlemen upon nomination of the fellows present, were elected honorary members of this society—

Jonathan Knight, M. D., of New Haven.

Nathaniel Chapman, M. D., of Philadelphia.

Alexander H. Stevens, M. D., of New York.

The Corresponding Secretary reported that there were

in the	Eastern	District	8	applications and	8	certificates granted
do.	Middle	do.	9	do.	6	do. do.
do.	Western	do.	6	do.	6	do. do.

The following resolution was adopted, viz—

That the Treasurer be authorized to transmit to the Treasurer of the National Association the sum of thirty-six dollars, with a request to be furnished with twelve or more copies of the publication to be issued by said association, for the purpose of distribution among the District Societies.

The committee on the Treasurer's account reported a balance in his hands of $262.98.

The sum of ten dollars was ordered to be distributed to each District society the ensuing year.

The following were elected officers—

President, S. H. Pennington, of Newark.

First Vice-President, A. F. Taylor.

Second do. Joseph Fithian.

Third do. E. J. Marsh.

Corresponding Secretary, A. B. Dayton, of Middletown Point.

Recording Secretary, William Pierson, of Orange.

Treasurer, J. S. English, of Manalapan.

Standing Committee, Joseph Parrish, Chairman, of Burlington, Z. Read, and B. Stratton.

Reporter for Eastern District—Wm. M. Brown.
Middle do. John H. Phillips.
Western do. Franklin Gauntt.

They were instructed to report to the chairman of the Standing Committee one month prior to the Annual meeting.

Delegates to the National Association—Drs. J. B. Munn, and Richard M. Cooper.

Censors for the Eastern District.

Passaic District—Jetur R. Riggs, G. M. Terhune, A. W. Rogers, and E. J. Marsh.

Essex District—W. Pierson, G. R. Chetwood, S. H. Pennington, and W. Whitehead.

Morris District—J. B. Munn, N. W. Condict, T. Kitchell, and Elmer.

Sussex District—John R. Stewart, A. Linn, F. Moran, and J. Titsworth.

Warren District—W. P. Clarke, R. Byington, A. S. Clark, and P. F. Brakely.

Censors for the Middle District.

Somerset District—James S. Craig, H. Southard, A. Skillman, and R. S. Smith.

Monmouth District—R. W. Cooke, W. L. DeBow, G. Lloyd, and J. S. English.

Hunterdon District—John Lilly, Wm. Johnson, John F. Schenck, and George P. Rex.

Censors for the Western District.

Burlington District—Zach. Read, B. Stratton, Joseph Parrish, and F. Gauntt.

Camden District—James Risley, Isaac S. Mulford, Othniel H. Taylor, and Charles D. Hendry.

Gloucester District—Charles F. Clark, Charles Garrison, John R. Sickler, and Thomas J. Saunders.

Salem District—Charles Hannah, Thomas Reeves, J. B. Tuft, and Q. Gibbon.

An interesting communication was presented by Dr. Munn, relative to the organization in 1766, and the early history of the society.

Diplomas were granted by the President to the following licentiates, viz.—A. Dickenson Woodruff, Daniel M. Stout, Bowman Hendry, George Haines, Alexander Elwell, Edward Perry, Alfred A. Lutkins, Clifford Morrogh, Thomas S. King, Thomas R. Crittenden, Edward A. Osborn, Samuel S. Warren, Arthur Ward, John B. Petherbridge, John Vought, Henry P. Welling, Wm. B. Crittenden, Charles Allen, Azariah P. Hunt, Henry Race.

Semi-annual meeting to be held at Trenton.

W. PIERSON, Rec. Sec'y.

The following resolution submitted by the Salem delegation, was referred to the Standing Committee, and it is inserted here, apart from the official proceedings, that we may call the special attention of the profession to the proposition which it contains, with a request that the Chairman of the Standing Committee may be put in possession of the arguments, which the friends of the proposed change may have to offer in its favor, as well as to request our friends in such parts of the state where the present system is satisfactory to give us their views in favor of continuing it.—Ed.

"Resolved, that the delegates from this (Salem) District to the Annual Meeting of the State Medical Society, be instructed to solicit an action by the latter, in regard to repealing the present law of examining candidates in each county society, and adopting the former law of dividing the State into three boards of Censors or Examiners, as being the most expedient and proper."

ORIGINAL COMMUNICATIONS.

A CASE OF CHRONIC GASTRITIS WITH ITS POST-MORTEM APPEARANCES.

By David B. Trimble, M. D.

About the middle of last August I was requested to see ——, a gentleman of sixty-three years of age, of active and temperate habits, and strong constitution, but who had been laboring under gastric derangement for about two years. He had frequently pain after eating: flatulent eructations, pyrosis, and constipation. During this period he would occasionally take a cathartic, and sometimes restrict his diet; but as a general rule, he paid little attention to either. When I first saw him, I found he had been taken very suddenly about two hours previously, with acute and violent pain in the stomach, near the cardia, but which had been in a great degree relieved by taking a large dose of laudanum. There was tenderness of the epigastrium, and constipation. I prescribed ol: ricini; a sinapism over the region of the stomach, rest, and a mild liquid diet. Called next morning to see him; found him much relieved and able to walk about his grounds, though there was considerable debility. Recommended him to remain in his chamber, pursue the same dietetic course, and as there was a good deal of tenderness remaining, to take moderate portions of pill: hydrargyri. The following day called again; found that he had become impatient of all restraint, returned to his usual mode of living, and disobeyed my instructions in every particular.

I declined further attention to the case, but he became worse, and in ten days sent for me again. I found him considerably emaciated, spirits depressed, pulse frequent, contracted, though not tense; tongue red, smooth, and broader than natural; and he had frequent attacks of pyrosis, ejecting large quantities of a

glairy fluid from the stomach. There was tenderness of the epigastrium on pressure; and a circumscribed swelling, about an inch in diameter, situated over the cardiac orifice. He was now willing to submit implicitly to my directions, and his debility being considerable, I at once confined him to his bed. He was restricted to a liquid farinaceous diet; and constipation continuing, I administered x grs. of calomel, followed in six hours by 1 oz. ol: ricini. This produced two or three moderate stools, and I then prescribed mass. hydrar. 2 grs. to be taken twice daily, and at night, to allay the pain, and general irritability, six grains of Dover's powders. Applied an epispastic to the epigastrium, and kept it discharging several days. Four days after the administration of the first dose of the blue pill, copious alvine evacuations of dark bilious fœces came on, which afforded considerable relief to the gastric oppression. The same night the anodyne produced free diaphoresis, followed by great amelioration of the painful symptoms. The pills were omitted from this time, and occasional gentle saline aperients, or purgative enemata were resorted to when indicated by the state of the bowels. When the blistered surface had nearly healed, an ointment of tart. antim. was applied, which produced a fine crop of pustules. The Dover's Powder was continued for two weeks, with occasional intermissions, and then omitted. After pursuing this course for about three weeks, he was permitted to use a more generous diet, consisting of animal jellies, &c. In five weeks from the time he first entered his chamber, he again left it, with all the unfavorable symptoms relieved, except slight tenderness on pressure of the epigastrium. His mind was cheerful, digestion natural, sleep undisturbed, skin clear and soft, and pulse regular, though weak from his emaciated condition.

During the ensuing fifteen days I saw him several times, but he became impatient of the dietetic regulations, and the same symptoms gradually returned. About this time he went to Wilmington, and was induced to try the Homœpathic mode of treatment, which he continued about two weeks. Hope, and a change of treatment cheered him for a while, but he soon found that the *infinitesimal* doses of *medicine* (unfortunately not extended to his *diet*,) would not avail. He abandoned this treatment and went to

a medical gentleman some miles distant; who gave him, to relieve the debility caused by his ride, brandy; which afforded him temporary relief. This effect, I suppose was what induced the physician to pronounce his disease *gastralgia*, and to continue the stimulating plan. This continued to afford temporary relief to the pain, but the tumefaction and debility rapidly increased.

Towards the latter part of November he sent me an urgent request to attend him again, and with reluctance I consented. He was greatly emaciated; two tumours in the epigastrium, the larger in the pyloric portion of the stomach, acute pain in the same region, pulse frequent, soft and contracted; a sense of constriction, "as if a band was drawn tightly around the waist;" and all his former unfavorable symptoms returned in an increased degree. A similar method to the one at first resorted to was adopted, he was cupped, and afterwards blistered over the epigastric region; purgative enemata were administered; and pills composed of nit. argent. ¼ gr, acet. morph. ⅛ gr. were given every four hours through the day; the quantity of morphia being doubled at night. The nit. silver was afterwards increased to ½ gr. and was prescribed on account of the supposed ulceration of the coats of the stomach. This was continued until two weeks previous to his death, when the morphia alone was given. Under this course his sufferings were greatly mitigated, and he was rendered comparatively comfortable. His appetite now failed, emaciation proceeded more rapidly, hectic symptoms appeared, and two weeks before the fatal termination severe emesis occurred, an ichorous pus of a brownish color being ejected, and also passing freely from the bowels, the fœtor of which was intense. The pyloric tumour became smaller; he was greatly prostrated, and a speedy termination of his sufferings was expected. He again rallied, and had a copious discharge of bile, which continued at intervals for forty-eight hours. Once or twice towards the termination of his disease, he complained of obtuse pain in the right hypochondrium. The tumour again rapidly increased, being three or four inches in diameter, and very prominent. On the 23d of December he was restless and feverish through the night; about day-light observed "it has broken," and made efforts to vomit, but was unable to do so. In a few hours he expired, and shortly after, I examined the

tumour, when there was scarcely a trace of it remaining. The post mortem examination exhibited the following appearances: There were very extensive adhesions between the liver and stomach; and between the liver and diaphragm. The greater extremity of the stomach presented but slight evidences of inflammation, but situated on the lower side of the pyloric portion, immediately before its junction with the duodenum, was an oblong tumour about four inches in length, and two in breadth; its edges thickened, indurated, and deeply serrated, and of a deep red, or purple hue. In the tumour, which was of a cupped form, there was about a table-spoonful of pus, of the same appearance as that ejected two weeks previously; and in its lower part an ulcer about the size of a dime. The tumour was so situated that the contents of the stomach could easily pass into the duodenum. Near the extremity of the left lobe of the liver, immediately over the cardia, was a tumour about as large as a walnut, which produced the swelling first noticed. On the convex surface were two more, (one on the superior, the other on the lower portion of the right lobe,) about four inches in diameter, and in other portions of the liver were five smaller ones. These tumours had a medullary appearance, and were of a firm, smooth consistence. I considered them medullary carcinoma. The mesenteric glands were greatly enlarged, and presented the same appearance as the hepatic tumours. The substance of the liver not occupied by the tumours; the gall bladder and duct, and the duodenum, presented no morbid appearances.

That the tumour in the stomach was a scirrhous formation, I think the appearances leave no doubt; and that it was equally certain that an abscess formed in it, and suppurated two weeks previous to, and again at the time of his death. The rigors, accelerated pulse, flushed cheek, succeeded by vomiting, the ejection of pus, great prostration, and subsidence of the tumefaction, were all sufficient indications of this; or if any doubts could be entertained, the post mortem appearances would banish them. That the tumour was the effect, and not the cause of the disease, I think probable, from the symptoms of the case; and that the patient's sufferings might have been ameliorated, and his life considerably prolonged, had he persevered in the course originally prescribed; the relief experienced will, I think, leave no doubt.

The inordinate and continued appetite; the relief given to the gastric distress for a time, by stimulants, and the absence of morbid hepatic symptoms, were the most striking anomalies of the case. There are few cases of chronic inflammation of the stomach, terminating in such extensive organic destruction, where the appetite remains so long unimpaired; and less frequently do stimulants afford relief to the sufferings caused by this disease. Authors state that the appetite is *always* depressed; and that the effect produced by a stimulus is the most determinate diagnostic between gastralgia and gastritis. Here two of the most prominent symptoms were reversed, and if the tumefaction had been absent, the diagnosis would have presented great difficulty.

Burlington, June 1848.

SINGULAR CASE OF ABSCESS IN THE LEFT HYPOCHONDRIUM.

By William K. Mason, M. D.

In April 1841, I was called to A. P., who had borne several children, and was then as she believed in the fifth month of pregnancy; she had already felt the child sensibly, and expected to be confined in August following. I visited her frequently from the time I was first called, until the last of the following September; the latter part of August she was seized with frequent but irregular pains in the abdomen, which was now much enlarged, and the motions of the fœtus so strong as to cause her sometimes to scream out. In a few days the pains subsided, and the motions of the fœtus ceased, it was therefore concluded the child was dead: she now complained of great pain in the left hypochondric region, and on making examination per vaginum, I found the os-uteri but slightly dilated, the fœtal head high up, with a soft and heavy mass intervening, but could discover no motion of the fœtus.

December 3d, I was again called, and found her much emaciated with an abscess in the part where she had complained of so much pain; (left hypochondric region) the size of the abdomen

had been greatly reduced about four weeks previous, by an abundant discharge of fœtid water from the intestines: on passing a probe into the abscess, it came in contact with bone: the abscess had been discharging externally for two weeks, and the lower extremities had become anasarcous. I visited her frequently from this date until her death, and at sundry times extracted portions of the dead fœtus, through the opening in the abscess, in a highly putrid state, until I had extracted all the bones except those of the head, part of the arms and a few smaller bones. About two weeks previous to death she had a hectic cough, and a copious expectoration of yellow pus, but without much excitement of pulse or general febrile action. Her appetite was generally good until within two weeks of her death, when it failed and she sank rapidly, and expired on the 25th of December.

Autopsy. In opening the abdomen, immediately under the umbilicus, came in contact with the parietal bones contained in a thin membranous sac about the thickness of brown paper, the inside of which had a dark velous appearance: the sac was firmly attached anteriorly to the peritoneum, and posteriorly to the omentum under the umbilicus; in the portion of the sac adherent to the omentum there had been an opening the size of a twenty-five cent piece, which was at this time closed and completely healed. I suppose the watery discharge took place through this into the intestines; hence the fœtid discharge some time before, and the abatement of the abdominal swelling; there was a communication between the sac and the opening in the hypochondric region, but none with the vagina or uterus; the latter organ looked healthy, without any sign of being ruptured, and was the usual size of the unimpregnated uterus, the os-uteri being normally closed. About a pint of very offensive matter remained in the sac. It is my firm belief, if the lady had had the comforts and attendance that some have who are in better circumstances, she would have recovered; she was situated where she could not have that attention her case required, for her constitution was good, and I believe it would have gained the victory over that formidable disease if she had been more favorably situated.

Tuckerton, May, 1848.

REMARKS ON THE BEARING OF SOME MODERN DOCTRINES OF PATHOLOGY AND ANIMAL CHEMISTRY ON THE TREATMENT OF TURBERCULAR CONSUMPTION. By E. J. Marsh, M. D.

Tubercular consumption has always claimed and received a large share of the time and attention of the profession; the wide extent of its ravages, the insidious nature of its approach, the character of its victims, the usual fatality of its attack, and the confessed inability of medicinal agents even to stay its progress, have all contributed to invest this malady with a high degree of interest both for the profession and lay-public; and every attempt to throw light upon its nature and treatment, has been received with kindness and attention.

Some recent investigations and discoveries of European pathologists and chemists appear to me to have a bearing upon this subject, and I have thought that a brief statement of these doctrines and facts with inferences drawn from them, may not be without interest and profit.

Bennet, and other morbid anatomists have stated as the result of numerous dissections, that cicatrices of ulcers of the lungs were found more frequently in the bodies of spirit-drinkers dying of other diseases than phthisis, than in persons of different habits. These cicatrices were proofs of the existence of former cavities which had become healed up; and they were met with, and that not rarely, for the most part in persons who had been spirit-drinkers, proving conclusively that ulcers of the lungs may become healed.

It is well known that the blood is more highly arterialized and abounds more in fibrine in phthisis pulmonalis than in most other disorders of the economy; and this condition of the blood continues through the whole course of the disease, when it proceeds to a fatal termination. Rokinstansky, one of the most profound and distinguished of the German pathologists, states that tuberculosis depends upon a fibrinous crasis of the blood, and that all attempts at staying the progress of the disease will be vain and futile, unless this condition of the blood be changed: and that if this crasis

of the blood be changed the disease will be checked, and in many cases the ulcers will heal. It has long been known to practical physicians, that certain conditions of the system suspended the progress of consumption, as pregnancy; and that certain diseases such as chronic bronchial affections, and some diseases of the heart prevented or stayed the pulmonary affection. The cause of this has not been well understood, and has received different explanations. Rokinstansky states that these conditions and diseases present mechanical obstacles to the transmission of the blood through the lungs, and prevent its arterialization, keeping it in a venous condition. This venosity of the blood prevents the formation of that fibrinous crasis, on which the development and deposit of tuberculous matter depends.

Intermittent fever also prevents the development of tuberculosis, probably by some action on the blood, as this poison appears to exert a specific effect on the liver and spleen, organs particularly connected with the venous circulation.

To prevent or cure tuberculosis, it should be our endeavor to change the fibrinous condition of the vital fluid; and causes which produce and maintain a venosity of the blood, will effect this.

It has been proved by the experiments and facts of Brodie, Paris, and others, that alcoholic drinks taken into the stomach, pass undecomposed by absorption, or endosmose, into the blood vessels, and circulates in a free state with the blood.

Liebig, our highest authority in animal chemistry, states that alcohol circulating in the blood unites with the oxygen in that fluid, and forms with it carbonic acid, keeping it in a venous state, and preventing that fibrinous crasis which is the origin of tuberculosis; carbonic acid, it is well known, is the element which causes the veniosity of the blood. Such are the results of the investigations of different and independent laborers in the vineyard of truth. Bennet finds that tuberculous cavities are found more frequently healed in the lungs of spirit-drinkers than of any other class; Rokinstansky shows that an altered condition of the blood is necessary for the cure of tuberculosis, and that this altered condition is a state of venosity; and Liebig teaches that the alcohol which spirit-drinkers take into the stomach passes into the blood

vessels, and there uniting with oxygen forms carbonic acid, and produces a venous condition of that fluid.

Without wishing to give any countenance to intemperance, may I not ask the profession, whether in view of these statements, the total prohibition of spirituous drinks to all persons, especially to those pre-disposed to tubercles, is not likely to be attended with ill effects?

Whether the moderate use of alcoholic drinks ought not to be recommended to persons disposed to consumption, and the more free use of them be recommended to persons laboring under the disease?

Whether consumption of the lungs be not more prevalent than formerly, and whether the disease be not increasing in those communities, and among those persons who most strictly abstain from all spirituous beverages?

Whether the fibrinous condition of the blood can be altered by any system of diet?

Paterson, June, 1848.

ETHERIZATION IN DELIRIUM TREMENS.

By the Editor.

As the anesthetic properties of chloroform and sulphuric ether, or a combination of the two, have been extensively tested in surgical and obstetrical practice, it is a matter of some interest and importance to know whether these articles may not be advantageously employed as therapeutic agents in the cure of certain diseases of the nervous system, which have hitherto baffled the skill of the physician, or at least have caused him a great amount of care and solicitude. Delirium tremens may be ranked among the neuroses, the symptoms of the disease indicating disturbance of the nervous system merely: hence the trembling, watchfulness, terror, and general nervous excitement which form the peculiar characteristics of the malady. To relieve these symptoms by inducing sleep, is always the first and prominent care of the physician. No matter what remedies may be em-

ployed, whether alcoholic stimulants, narcotics, or revulsives, to induce sleep is the chief end in the use of them all. And why? A depression of the nervous forces consequent upon the reaction following excessive stimulation, being the cause of the distressing symptoms, it is evident that a restoration of the suspended nervous energy will palliate them, and cure the evil; and when sleep is induced, and not till then, is there a hope of recovery.

As it is not necessary that the sleep should be of that artificial character produced by opiates, the physician should be careful not to push the remedy so far as to induce narcotism; for here he may have a second disease, from which it may be impossible for the system to react. Sleep, as nearly allied to the natural condition as possible, is the most desirable. If this may be induced by merely checking the insomnia for a time, by a nervous stimulant, and allowing the system to steady itself long enough to fall into a natural slumber, we have certainly gained a great point in the treatment of a troublesome disease; and we may on the other hand by avoiding the use of brandy, or other alcoholic drinks in the treatment, avoid exciting the patient's fondness for stimulants, and allow him to recover with a loathing of spirituous liquors, and with a hope of permanent restoration. Again, it is a point of some moment to avoid any medicine, the free use of which (as opium) will be followed by a re-action that may require remedies for its relief. Whether etherization will do all for the patient that is desirable, is yet to be ascertained. A brief history of a case in which a mixture of chloroform and sulphuric ether was successfully employed, after the very free use of narcotics, and stimulants, may prove interesting. J. C. aged thirty-five, recently had an attack of delirium tremens; he is of sanguine nervous temperament, and very easily influenced by alcoholic stimulants, he had abstained from their use for a year, but being absent from home, and meeting with an old friend, was induced to drink a glass of ale; he felt headache soon after, and "drank more to relieve it." He then took brandy, and soon became intoxicated, he remained in this state several days, was brought home much disturbed in mind, and shut himself in his room, hoping to sleep and be better. His wife gave him freely of laudanum, but he could

not rest, the wakefulness continued, and with it came the harrassing fears, and illusions so pathognomic of the disease. On the second day of the attack I was called to see him, and was informed by his wife that he was a "hard patient to manage," that his former physician had often said that he found it more difficult to put him to sleep than any patient he had ever seen. Opium was the remedy uniformly employed, and he had been accustomed to very large quantities. After evacuating the bowels thoroughly, I gave it to him freely in the form of laudanum, black drop, and sulphate of morphia, at different times, but without effect. For forty-eight hours he took largely of some preparation of the drug, at intervals of an hour or an hour and a half, and drank freely of camphor water, and aromatic spirits of ammonia. He positively refused taking brandy or any of the ordinary alcoholic beverages, and his family strongly objected, hence the resort to the nervous stimulants before named, as substitutes. Finding the remedies which were employed altogether inefficient, being afraid to urge the opiates any farther, and the patient and his friends being unwilling to use any of the alcoholic preparations, on account of the fear of reviving the appetite for them, I felt myself warranted in trying the effect of sulphuric ether, and sought the advice of my friend, Dr. Trimble, upon the subject. He was unprepared to recommend its employment, having had no experience in its use. I however, determined to give it a trial, and invited the Dr. to witness its effect upon the patient. We visited him together, and applied a sponge wet with the sulphuric ether to his nostrils; at first he resisted it with some violence, saying that it was an invention to kill him; by the exercise of perseverance and firmness however, he soon yielded, and became fond of it, grasping the sponge convulsively, so that it required considerable effort to remove it from his hand. He became somewhat calmed, but did not sleep; his eyes were kept open and presented an unnatural appearance; he would occasionally start upon his feet, and struggle with some imagined foe. At times he would cry out, and beg us not to kill him; it was this fear of being killed that haunted him continually through his sickness, so that he would rush from his room, and hide himself in other parts of the house, and among his neighbors. No restraint was imposed upon him, it being

deemed sufficient to have him constantly in the presence of an attendant, who guarded him from harming himself or others.

The ether did not put him to sleep, though it was continued for four hours at short intervals, during which time about two ounces were consumed. Failing to produce the desired effect, a glass inhaler containing a sponge saturated with ether and chloroform* in combination was applied to the mouth, and in less than fifteen minutes the patient fell back upon his pillow, in a sound slumber which continued without interruption for six hours, when he awoke and expressed himself quite well. He had not the slightest return of delirium afterwards, and convalesced rapidly; while under the etherial influence his pulse varied considerably; during the first hour or two, while inhaling the ether, it became somewhat accelerated and smaller, but when brought completely under the effect of the remedy, it moderated, and was nearly natural as to frequency after waking, though quite feeble from long watchfulness and excitement.

The writer is aware that it is unsafe to conclude from the history of one case alone, that the same course of treatment may be safely pursued in every case of delirium tremens, but the character of the disease, and its obstinate persistence, in many cases notwithstanding the free use of opium and stimulants, may afford good reason for adopting the plan which proved so successful in the instance just cited.

* Half an ounce of ether, and forty drops of chloroform.

BIBLIOGRAPHICAL NOTICES.

Constitution and By-Laws of the New York Academy of Medicine, with a list of Officers and Fellows. New York, 1848.

We have received a copy of a pamphlet with the above title, and it is gratifying to find that new medical organizations are springing up even in large cities where kindred associations already exist. It is an evidence of the increase of a fraternal feeling in the profession, that cannot do other than produce good fruits.

The following is a list of its officers:

OFFICERS FOR THE YEAR 1848.

President, John W. Francis, M. D.; *Vice-Presidents*, Thomas Cock, M. D.; John B. Beck, M. D.; J. K. Rodgers, M. D.; Wm. W. Miner, M. D.; *Recording Secretary*, F. Campbell Stewart, M. D.; *Assistant Secretary*, Marcus L. Taft, M. D.; *Domestic Corresponding Secretary*, Wm. C. Roberts, M. D.; *Foreign Corresponding Secretary*, Gurdon Buck, Jr. M. D.; *Treasurer*, James O. Pond, M. D.; *Librarian*, Thomas F. Cock, M. D.

Art. 2d of the Constitution declares the object of the Academy to be,

First. The cultivation and advancement of the Science, by united exertions for mutual improvement, and contributions to Medical Literature.

Second. The promotion of the character, interests, and honor of the fraternity, by maintaining the union and harmony of the regular profession of the city and its vicinity, and aiming to elevate the standard of Medical Education.

Third. The separation of regular from irregular Practitioners.

Fourth. The association of the Profession proper for purposes of mutual recognition and fellowship.

If the same spirit were to spread itself into the country, particularly in towns and villages, how much more would the members of our profession be knit together in the bonds of harmony. It is a fact worthy of notice, that in large cities, where physicians are the most numerous, and where competition is most active, that there is more good feeling, and more of a common interest

manifested, than is usually found where no medical organization exists. In neighborhoods where there may not be more than two or three physicians, good would result to them individually, and professionally, by suitable union with each other on the common ground of equal brotherhood. These are some of the good fruits of the National Medical Association.

Proceedings of the State Medical Convention, held in Lancaster, April, 1848*: and Constitution of the Medical Society of the State of Pennsylvania; then adopted. Lancaster, Penn. Published by order of the Convention,* 1848.

In our last number we called attention to the fact, that the Medical profession of Pennsylvania had met in Convention for the purpose of organizing a State Medical Society, and since that time we have received a copy of their proceedings, by which we learn that the object contemplated by the friends of the measure was harmoniously accomplished, and that the Convention proceeded to organize a Society, to be called "the Medical Society for the State of Pennsylvania;" the object of which is specified in the second article of the Constitution to be "the advancement of medical knowledge; the elevation of professional character; the protection of the interests of its members; the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, and to improve the health and protect the lives of the community."

The physicians in the different counties were recommended to organize county societies to aid in promoting the objects aforesaid. The Medical Associations and Colleges of Philadelphia were represented in the Convention, and there was a goodly attendance from several counties of the State. This movement is another cheering evidence of the onward march of the spirit of improvement, that cannot fail to meet with a reward to the profession and the people.

By-Laws, adopted by the Managers of the New Jersey State Lunatic Asylum, at Trenton: also, the Act to provide for the organization of said Asylum, and for the care and maintenance of the insane: passed March 23, 1847; *and the supplement to said Act, passed March* 9, 1848.

The by-laws designate the number and duties of the officers, and establish a wholesome order for the regulation of the Institution. We see nothing in the laws or in the Act of organization, materially different from what generally obtains in similar institutions: and in acknowledging the receipt of the pamphlet will express our hope that a copy of it will be placed in the hands of every physician of the State, that the profession may be fully acquainted with the arrangements and policy of this great public charity. We regret that the medical profession is not more largely represented in the Board of Managers, as the character and objects of the Asylum are so closely identified with it, but we are happy in the belief that it is nevertheless *ably* represented, and that all will be done, that can be done, to give the Institution an exalted medical character, as it is already distinguished for its disinterested philanthropy. We give below a list of its officers.

OFFICERS OF THE ASYLUM.

MANAGERS.

Hon. James Parker, Perth Amboy, *Peesident.*
Thomas J. Stryker, Esq., Trenton, *Secretary.*
Lewis W. R. Phillips, Esq., Lawrence.
Rev. E. F. Cooley, Trenton.
Stacy G. Potts, Esq., Trenton.
Richard Stockton, Esq., Princeton.
Charles Ridgway, M. D., Jacksonville.
Isaac S. Mulford, M. D., Camden.
John S. Darcy, M. D., Newark.
William T. Anderson, Esq., Newton.

RESIDENT OFFICERS.

H. A. Buttolph, M. D., *Superintendent and Physician.*
Mrs. Buttolph, *Matron.*
Caleb Sager, *Steward.*
Jasper S. Scudder, *Treasurer.*

Report of the Select Committee of the House of Representatives of the United States; "to whom was referred the subject of imported adulterated drugs, medicines, and chemical preparations."

We are indebted to Dr. Newell, of New Jersey, our representative in Congress from this district, and a member of the committee, to whom the subject of imported adulterated drugs, &c., was referred, for a copy of their Report, from which we shall give a few extracts. The Report occupies twenty-three pages, and is an elaborate exposition of the frauds practised upon the people of this country by the foreign manufacturers of medicinal articles. The attention of Congress was directed to the subject by memorials from the American Medical Association, the College of Pharmacy of New York, the Philadelphia College of Pharmacy, and the Medical Society of New Jersey, and a Committee was selected, the majority of whom had made the study and practice of medicine the chief purpose of their lives; and who were fully competent to report on the subject committed to them. It appears that "on reference had, not long since, to the custom-house books in New Yook, it was found that 7000lbs. of rhubarb root had been passed within ninety days, not one pound of which was fit, or even safe, for medicinal purposes. Much of it had become greatly deteriorated by age, was worm eaten and decayed, while other portions, notwithstanding they showed a somewhat fair appearance externally, (the color, &c., having been brightened by artificial means for the purpose of deception,) gave internal, unmistakeable evidence of the virtue of the root having been extracted by previous decoction, for the purpose of making what is sold as the 'extract of rhubarb,' and thereby rendering it of no further value for medicinal use. This article was invoiced at from 2½ pence sterling (5 cents) to 7 pence (14 cents) per lb. The price of good rhubarb, at the place of production, has been, for several years past, about as follows: The *East India*, from 35 to 45 cents per lb., according to circumstances; the *Turkey* or *Russian*, from $1 25 to $2 50 per lb., exhibiting a very wide difference in price, as will be perceived, between the good and refuse article.

"Another of our more important articles of medicine, particularly in the newly settled portions of our country, comes to us in large quantities entirely unfit for medicinal purposes; but like the worthless rhubarb root, is eagerly bought up at auction sales by unprincipled drug dealers, and sent to the drug mills, where it is ground and powdered, the color, smell, and natural taste imitated, and afterwards sold to country dealers and others, as a *good article*. The result of this is, that it is finally dispensed to the sick, at the sacrifice doubtless, of many valuable lives every year: we mean the *Peruvian bark*." Also that "*Opium*, an article of priceless worth in the treatment of disease, is now sent to this country in a greatly and dangerously adulterated state; and as a proof that the fraud carried on in the preparation of this valuable drug, is now made not only a regular, but an extensive business, we are assured on most reliable authority, that it is shipped directly from Smyrna, the most important place of its production, deprived not unfrequently of *two-thirds of its active principle*, that proportion of its medicinal property having been extracted for the manufacture of *morphine*. Opium is found to be adulterated with Spanish liquorice paste, combined with a small quantity of some bitter extract, and when but moderately deteriorated in this way, the fraud is not easily detected at first view; but it has been passed from Smyrna, *by the way of some of the European markets*, so freely adulterated, that the fraud was readily detected merely by the smell! no analysis being necessary. The so called *opium* of this description is often found infested with living worms. Of course this decaying mass is not sold to the retailer or jobber in this condition, but is previously worked over and combined with a better quality of *opium*."

A considerable portion of medicinal extracts, chemical preparations, gums and gum-resins, are in like manner shamefully adulterated, and it is asserted by Dr. M. J. Baily, examiner of drugs &c., at the New York Custom House, than whom no one probably is more competent to judge, that "not a single pound of pure Aleppo scammony has passed the New York Custom House during the last twelve months." In addition to these glaring exposures, the following analysis of that vastly important preparation, the blue pill mass, made by Professor Reid of New York,

proves a still farther imposition in regard to this valuable medicine, which is well calculated to arouse efforts on the part of the government to arrest the fraud.

"Mercury.	7.5
Earthy Clay	27.0
Prussian blue, used in coloring	1.5
Sand, in combination with clay	2.0
Soluble saccharine matters	34.0
Insoluble organic matter	12.0
Water	16.0
	100.0

Thus it will be seen this spurious article *contains less than one quarter of the active principle of the genuine*, to say nothing of the indigestible earthy matter, &c."

Sulphate of quinine, now so invaluable and necessary to the health of a large portion of our people, is variously adulterated with silicene, chalk, plaster of Paris, &c.—the most of it comes from an establishment in Belgium, the business of which is to manufacture imitations of most of the important foreign medicines. Calomel is also adulterated with a white argillaceous clay, and other articles which do not change its sensible properties, but which must greatly impair the value of the article. Dr. Baily of New York asserts that, "more than one-half of many of the most important chemical and medicinal preparations, together with large quantities of crude drugs, come to us so much adulterated, or otherwise deteriorated, as to render them not only worthless as a medicine, but often dangerous." And as more than three-fourths of the entire amount of drugs imported pass through the Custom-house of that city, it may readily be imagined how far the whole country is affected by the deceptions of foreign speculators.

The report further shows that the largest portion of these deteriorated medicines comes from England, and that the traffic is on the increase. In view of all these developements, the petitioners have asked for relief, and we are happy to furnish in our Eclectic department the bill passed by Congress, providing the remedy which has been sought at their hands. It has been sufficient to state the case to our representatives, without argument, and with

entire unanimity they granted the request. If we may hope for purer medicines hereafter, the people may hope for better health. The report of the Committee closes thus:

"No one is exempt from attacks of disease. Soon or late all mankind need the aid of medicine. Oh! who has not thought, when pressed by the hand of affliction, and groaning under the many ills that flesh is heir to, of the happy home, the heritage of our first parents. One act of disobedience brought death and all its concomitant evils. We have seen it in the battle front; we hear its wail when famine and woe are near; it commenced its persecutions at our birth, and will only end them at our death. The All-wise Being has not left us without a solace. The bruised and perturbed spirit, the healing balm of a revealed religion, blesses and restores; for the sick and afflicted, a no less bountiful provision is made. Every kingdom in nature opens its bosom and stretches forth its hands to tender its benefits; every plant and flower, every hill-top, every valley, the mountain and the sea, all afford him curative agencies, challenge his interests, and awake his gratitude.

"Surely, these blessings should not be frustrated; these gifts of kindness and comfort should not by man's invention and cupidity be perverted from their primitive design. The knowledge expended in adulterating medicine can find no apologist. Connected with it, is degradation and infamy, at which we well might startle. What opinions would we entertain of the cutler, who would prepare his instruments, either to break in the surgeon's hands, or with a refinement of cruelty, so construct the knife as that its edge would turn on its first use. Destitution and want may drive a man to seize upon that which is his neighbor's, and we might in pity overlook the crime, or cover it with the mantle of charity; but the cool-blooded, deliberate, studied, and fatal deception practised in articles designed for the relief of suffering and disease, can admit of no palliation—can find no excuse."

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, SEVENTH MONTH, (JULY,) 1848.

OUR FIRST VOLUME.

The present number completes the first volume of the New Jersey Medical Reporter. How far the anticipations of the profession of the State have been realized in regard to its merits, and its claims upon them for support, we have no positive means of judging, except from the fact that the subscription list is ample enough to warrant its continuance, provided those who receive it will remit punctually the amount of subscription. For ourselves we have no pecuniary interest in the enterprise; we have given to it one year's labor, and have agreed to give another; but the printer must be paid, and we invite special attention to the publisher's notice on the fourth page.

It is our intention to continue the second volume, in the same manner, and upon the same terms as the first has been issued, and we ask the co-operation of our friends to sustain its interest, and to increase its value. It is a New Jersey periodical, intended as a medium of communication between the physicians of the State, and has been devoted thus far to the advancement and improvement of medical science, particularly within our own limits. We have also endeavored to rescue from obscurity the names and virtues of some of our earliest leaders, and shall continue to keep a record of a similar character. The oldest medical organization in the United States is maintained in New Jersey, and its records furnish some of the best examples of medical skill and fidelity which have appeared in the new world: our fathers have earned for us a high and noble name, let us cherish and perpetuate it with filial devotion.

AMERICAN MEDICAL ASSOCIATION.

The report of the delegates of the "Medical Society of New Jersey" to the American Medical Association, together with an abstract of the minutes of the Association, extracted from the "Medical News," both of which will be found in our present number, will convey to our readers a very good idea of the course of proceedings of that interesting assemblage.

The establishment of a National Medical Association upon a permanent basis, seems now to be realized, and the profession are beginning to feel the benefits flowing therefrom, in an improving system of medical education, in a more general feeling of concord and harmony throughout our ranks, in the discussion and elucidation of controverted medical topics, and in the elevation of the medical character and literature of the country. We anticipate a rich treat in the forthcoming volume of the proceedings, and we hope that an edition will be published large enough to enable the profession generally to possess themselves of the work.

We have heard on all sides, expressions of lively satisfaction at the results of this meeting. The reports from all the Standing Committees were punctually presented, and manifested a degree of ability and industry on the part of the gentlemen composing them, highly creditable both to them, and to the Association.

The only question which seems to have disturbed the general harmony, was the introduction of a matter aside from the general objects of the Association, which created a discussion partaking of a polemical character. Even this however, was of short duration, and served we trust, to create a better understanding among those who honestly differed, while it suggests a caution to confine the labors of the Association in future, strictly within the limits prescribed by the order of business, and to subjects pertaining to our own profession.

The excellent synopsis of the proceedings furnished by the delegates from the New Jersey Medical Society, manifests a close attention to their duties, and a promptitude in reporting to the body from whom they received the appointment, which shows that our State was well represented.

OBITUARY RECORD.

Death of Isaac S. Haines, M. D.

It is grateful to the feelings of the living to dwell upon the good deeds of those who have been separated from them by death; and it is with a melancholy feeling that we take our pen to present a brief record of the life and character of a departed friend. It is melancholy to know that a friend has been called from our side, but it is pleasant to feel that he was a *good* man, and that he is resting with the spirits of just and good men made perfect.

Dr. Haines was born in Evesham township, Burlington County, New Jersey, in the year 1808. He was an only child, and was not permitted to go beyond the reach of parental care to obtain an education; but he received the best that his neighborhood could afford, and very early manifested an ardent desire to study medicine; he was discouraged from the undertaking by his friends, but so strong was his inclination for the pursuit, that he was placed under the care of the late Dr. Joseph Parrish of Philadelphia, in whose office he commenced his studies in the year 1829: he entered the class of the University of Pennsylvania and graduated in 1833. He now became engaged with a few others in examining students who were preparing for graduation; this employment, together with his practice in the Philadelphia Dispensary, occupied much of his time for several years, when he removed to Burlington. He was particularly fond of the study of chemistry, and engaged in the preparation of a catechism adapted to the course of Chemical Lectures in the University, by Professor Hare. This soon became a deservedly popular work among the students, and is still used (having passed through three editions) as a valuable aid to the study of chemistry. Dr. Haines practised medicine in Burlington up to the time of his last illness. As a physician he was prudent and cautious, and attached himself to his patients by his fidelity to them in their afflictions, as well as by his skill in the management of their diseases. He occasionally gave popular lectures on chemistry and botany, which were well received by those who were able to appreciate their merit. As a member of the Board of Censors for the county of Burlington, he was dis-

tinguished for his fairness and promptness in examining upon the subjects of chemistry and materia-medica, which branches he always preferred. His success in practice did not depend upon his sound medical judgment alone, but upon the interest which he manifested in the welfare of his patients, and his carefulness in watching over them: it was the kindness and benevolence of his heart, that made him beloved. Amiability was his chief characteristic, never querulous, but always conciliatory, he had no enemies, and he was no man's enemy. We speak of Dr. Haines from an intimate acquaintance with him of many years duration.

In his intercourse with his brother practitioners, he was as ready to give as to receive aid, and in consultations was scrupulously careful to avoid the appearance of dictation or distrust, toward his associate in attendance. His practice was a laborious one. To the poor he was always attentive, visiting them by day and night, satisfied with the reward which a good man finds in the ability to minister to the necessities of the needy. But Dr. Haines is no more—he died in the 40th year of his age, on the 18th of 6th Mo. (June) last, of a low typhoid fever of seven weeks continuance; during his illness he was cheerful and patient, and we cannot recur to our frequent visits to his bed-side, without the example of his quiet spirit rising before us, as worthy of all imitation. In the midst of health and prosperity and in the prime of life, he has been taken away from a world of toil and care, to a better land, where the weary are at rest.

Let the memory of his retiring virtues, of his genuine simplicity of character, of his kindness to the poor, of his fidelity to his friends, and above all, of his meek and unpretending reliance upon the hopes and promises of religion, live in the hearts of his friends, and let them be consoled with the hope, that with the finishing of his work was the beginning of his everlasting reward.

We are indebted to our friend Zachariah Read, M. D., of Mount Holly, for the following Obituary Notices.

Alexander Ross, M. D.

Among the New Jersey physicians of the last century, mention should be made of Dr. Alexander Ross, who resided in Mount Holly, and practiced medicine there until the time of his death, which occurred on the 10th of May, 1780, aged 67 years.

David Brainard Greenman, M. D.

Dr. Greenman was a native of Pittsgrove, Salem county, New Jersey, his father was a minister of the Presbyterian church, from New England. He commenced the practice of medicine somewhere in the state of Delaware, from whence he afterwards moved to Bordentown in this state, and finally to the city of Burlington, where he died of yellow fever in 1793. Dr. Greenman was highly esteemed as an intelligent and enlightened physician; his career was short, having died probably under thirty-five years of age.

John Ross, M. D.

Dr. John Ross, son of Dr. Alexander Ross, succeeded his father in the practice. He died in 1796, in the 43d year of his age.

Stacy Budd, M. D.

Dr. Stacy Budd was contemporary with Dr. John Ross, studied medicine with Dr. Alexander Ross, and practised for upwards of forty years in Mount Holly, was highly esteemed, and had a laborious practice; he was compelled to attend patients on the seaboard, fifty miles distant, owing to there being so few Physicians at that time. At one time he had under care six hundred inoculated patients; his time was completely given up to his practice. The following obituary notice, taken I believe, from a Philadelphia paper, will show his true character: "Died, at Mount Holly, New Jersey, on the 13th instant, Dr. Stacy Budd, in the sixty

fourth year of his age, for many years an eminent and successful practitioner; a gentleman of unassuming manners; he was conspicuous for his affability, benevolence, and liberality, his abilities in his profession shone resplendently, and when sent for, either by day or night, it was not a question with him whether the person was poor or rich, but it was enough for him to know that a fellow creature was in distress, he hastened quickly, and as a good Samaritan administered to their relief; his conduct and deportment endeared him to all, he lived respected, and died lamented. His funeral was attended by an extraordinary number of his fellow citizens, on the 15th instant. Let the poor as they pass by his grave point at the little spot, and thankfully say, there lies the man whose unwearied kindness was the constant relief of my distresses, who tenderly visited my languishing bed, and readily supplied my indigent circumstances. How often were his counsels a guide to my perplexed thoughts and a cordial to my dejected spirits." Dr. Budd died, February 13th, 1804.

John Brognard, M. D.

Dr. John Brognard resided at Black-horse (now Columbus.) He was a non-commissioned officer in the American army, afterwards he practiced medicine and was considered skillful. He died about the year 1820, at an advanced age.

Benjamin S. Budd, M. D.

Dr. Benjamin S. Budd, son of Dr. Stacy Budd, succeeded his father in practice, which he followed upwards of forty years; he attained to eminence, enjoyed in a remarkable degree the esteem and confidence of the community, and died in the year 1833, in the 66th year of his age.

John L. Stratton, M. D.

Dr. John L. Stratton, was contemporary with Dr. Benjamin S. Budd, was a native of Cumberland county, New Jersey; studied medicine with Dr. James Stratton of Swedesborough, attended the medical lectures in Philadelphia during the Professorship of Drs. Rush, Barton, &c., and was admitted to practice in 1799.

The same year he came to Mount Holly and commenced practice; in 1806 he removed to Burlington, and commenced business in conjunction with Dr. Nathan W. Cole; feeling that he had left many kind friends behind, and his prepossession being in favor of his first location, he did not remain long in Burlington, but in 1807 returned to his former residence in Mount Holly; here he soon acquired the confidence of the people, and for many years did an extensive practice; finally, from close application to his business, his health gave way, and in 1839 he was compelled to relinquish in a great measure his practice, attending only to consultations, and the business of a number of families who were not willing to dispense with his services; his health however, rapidly declined, and he ceased to live in the year 1840, aged about 68 years. Dr. Stratton was a man of ability in his profession, kind and conciliating in his manners, and much beloved in the community in which he lived. In early life he was connected with the Medical Society of New Jersey, and served with much ability for several years, as one of the Censors for examining candidates for license.

Death of Nathan W. Cole, M. D.

It is our painful duty to announce the death of another of the physicians of the city of Burlington. Dr. Nathan W. Cole departed this life on the 18th of the present month. He was born at New Brunswick, New Jersey, in the year 1775, and was graduated at Queen's (now Rutger's) College in that city in 1794. But one of the class of that year now remains, Dr. Henry Van Derveer of Bedminster, Somerset county.

Shortly after he had received his degree in the arts, he came to this place, and taught school for some time in the old Academy in Broad street. He attended the medical lectures of Shippen, Wistar, and others of the faculty of the University of Pennsylvania, at Philadelphia, and in 1801 he commenced the practice of medicine in Burlington, with what success the citizens of our town can testify. His kind and affable manner endeared him to all to whom he was called, and the gloom which pervaded the community when his death was announced, proves how ardently the people were attached to him. He lived beloved; and died full of years and honors.

ECLECTIC DEPARTMENT.

MEDICAL PROGRESS.

Abstract of the proceedings of the American Medical Association, at their meeting in Baltimore, May, 1848.

The Association assembled in Baltimore, on Tuesday morning, May 2, and the proceedings were opened by a short and appropriate address from the President, Dr. Chapman, of Philadelphia. The first day was occupied principally in receiving a report from the committee of arrangement, of the list of delegates to the association; the report of the Treasurer, and the consideration of certain resolutions having reference to preliminary matters, &c.

Wednesday Morning, May 3

On motion of Dr. Hays, a committee of one from each State represented, was appointed to nominate officers for the ensuing year, who reported the following nominations, which were unanimously confirmed.

President,—A. H. Stevens, of New York.

Vice-President,—J. C. Warren, of Mass., Samuel Jackson, of Penn., Paul F. Eve, of Georgia, and W. M. Awl, of Ohio.

Secretaries,—A. Stillè, of Philadelphia, and H. J. Bowditch, of Boston.

Treasurer,—Isaac Hays, of Philadelphia.

The President being conducted to the chair, returned thanks in a brief and impressive address.

On motion of Dr. West, the thanks of the association were presented to its late officers, for the able, faithful and gentlemanly manner in which they had performed their duties.

Copies of the code of ethics of the Philadelphia College of Pharmacy were presented, and the code was ordered to be inserted on the minutes.

Dr. J. R. Wood presented a communication from the New York College of Pharmacy, regarding the importation and vending of impure drugs, which was ordered to be placed on file.

Dr. T. O. Edwards, a member of Congress from Ohio, and chairman of a special committee of the House of Representatives, to which was referred the subject of the importation of worthless, adulterated and misnamed drugs, was introduced to the association, and invited to address it.

Dr. Edwards read a full and very interesting statement of the

extent to which drugs are falsified, particularly with a view to their sale in the United States.

On motion of Dr. E. Hale, the thanks of the association were presented to the Hon. Dr. Edwards for his important and interesting communications, and a committee of five members was appointed to prepare and report to the association a memorial to Congress, on the subject.

The following resolutions, introduced by Dr. C. C. Cox, were also referred to the same committee.

Resolved, That a committee of five be appointed to report at the next meeting of the association—

1st. The nature and extent of the sophistication and adulteration of drugs, as practised by the wholesale dealers and retail druggists.

2d. The best means for the prevention of the evil in its various forms.

Committee, Drs. Parsons, Cox, Francis, Huston and Carr.

Dr. Hays, from the committee on publication, presented a report with the following resolutions, which were adopted.

Resolved, 1st. That the assessment for the present year be three dollars.

2d. That voluntary contributions be invited.

3d. That a copy of the printed proceedings be furnished to such members only of the association, as shall have paid the assessment for the year.

4th. That those members of the association who shall pay five dollars, instead of the assessment of three dollars, shall be entitled to three copies of the proceedings.

5th. That the committee on publication be authorized to make such arrangements for the sale of the transactions of the association as they may deem expedient, and to present copies to such public libraries, editors of medical journals, &c., as they may consider proper.

The report of the standing committee on obstetrics was presented, and read by the chairman, Dr. Harvey Lindsly, and referred to the committee on publication.

Invitations were presented to the association for the next meeting to be held in Boston, Washington, D. C., Columbus, Cincinnati, Buffalo, Nashville, Charleston, and Newark, which were laid upon the table to be taken up in order.

The following resolutions were presented and laid on the table for future consideration.

By Dr. Stillé—*Resolved*, That the delegations from the several States be earnestly requested to urge upon the deputations in Congress, of their respective States, the necessity of a law against the importation and sale of adulterated, deteriorated, and misnamed drugs, and recommending an enactment of the law presented

by Dr. Edwards, the Chairman of the special committee of the House of Representatives, having charge of the subject.

By Dr. T. F. Cock—*Resolved*, That the delegation of each State be requested at once to memorialize the Representatives of their State in Congress, with a view of forwarding the passage of a law regulating the sale of Drugs.

By Dr. Cox—*Resolved*, That a committee of three be appointed by the association, to collate and digest the required information upon the subject of the abuse and adulteration of drugs, practised by wholesale dealers and retail druggists throughout the country, and to report such measures for the suppression and prevention of this growing evil, as will in their opinion, conduce to this end.

Dr. Norris, chairman, presented and read a report from the standing committee on Surgery, and Dr. I. Parrish a report from the same committee, relative to the use of anæsthetic agents, both of which were referred to the committee on publication.

Dr. Stewart laid upon the table the following resolution:—

Resolved, That a committee of one from each State be appointed to report to this association at its session to-morrow morning, the names of gentlemen to compose the various standing committees for the present year, and that said committee be instructed to present the names of such members only as are in actual attendance. Adjourned.

Wednesday Afternoon.

The association was called to order by the President.

On motion, the rules were suspended, to permit the consideration of the resolution offered by Dr. Stewart at the close of the morning session, which was then adopted, and the committee ordered to consist of the same members as that appointed for the nomination of officers.

On motion of Dr. W. Parker, the same committee were instructed to report a place for the next meeting of the association.

Dr. O. W. Holmes, chairman, presented and read the report of the committee on Medical Literature, which was referred to the committee on publication.

On motion of Dr. A. L. Pierson, the association proceeded to consider so much of the reports on obstetrics and surgery, as relates to the use of anæsthetic agents, and Dr. J. C. Warren made some interesting observations on the subject.

Dr. Hamilton presented the following resolution:—

Resolved, That considering the present limited amount of authentic facts, in relation to the danger or safety of anæsthetic agents in medicine, surgery, and obstetrics, this association is not now prepared to determine upon their value, or to the propriety of their use, and that the subject be referred to a special committee, who shall report at the next annual meeting.

Owing to the lateness of the hour, action on this resolution was

postponed, and it was, at a subsequent session, referred to the appropriate standing committees. Adjourned.

Thursday Morning, May 4.

The President called the meeting to order. The minutes of yesterday's meetings were read and accepted.

After some preliminary matters were gone through with, Dr. Cohen, of Baltimore, presented the following resolutions, which were adopted.

Resolved, That the American Medical Association regards with pride and satisfaction, the services rendered, and the position maintained by that portion of the profession associated with the military department of the country; and in consideration of the severe and arduous duties which the medical officers have performed, the risks and dangers to which they have been exposed in the performance of those duties during a period of warfare, and in an unhealthy climate, it is deemed just and proper by this association, that their services should receive from the government an acknowledgment, corresponding to that awarded to their brother officers.

Resolved, That the members of this body hereby express their gratification with the position recently assigned the medical officers of the navy, and their influence will be used to sustain their naval brethren in a position alike due to them and the profession of which they are members.

Resolved, That a copy of these resolutions be forwarded to the Secretaries of War and of the Navy, through the chiefs of the medical departments of each service, and to the chairman of the military and naval committees in each House of Congress.

Dr. Wynn presented a communication from the medical department of the National Institute, on the subject of hygiene, and offered a resolution that the communication be referred to a select committee of five, which was adopted, and the following committee were appointed:—Drs. J. Wynn, J. M. Thomas, O. W. Holmes, Isaac Parrish, and G. L. Corbin.

Dr. Roberts presented a memorial from the naval medical corps of the United States, and offered a resolution that it be referred to the committee on publication, which was adopted.

The committee appointed to nominate the standing committees, reported the following nominations, which were adopted.

Committee of Arrangements.—Drs. Jacob Bigelow, E. Hale, Z. B. Adams, — Dalton, John Ware, O. W. Holmes, N. J. Bowditch, of Boston.

Committee on Med. Sciences.—Drs. L. P. Yandell, Ky.; Smith, Ohio; White, do.; E. S. Carr, Vt.; S. Jackson, Penn.; Upshur, Va.; Harris, Tenn.

Committee on Pract. Med.—Drs. Condie, Penn.; Gerhard, do.; Clymer, do.; John Ware, Boston; G. Tyler, D. C.; Fithian, N. J.; Kreider, O.

Committee on Surgery.—Drs. N. R. Smith, Md.; Askew, Del.; Baxley, Md.; Knight, Conn.; Pancoast, Penn.; McGuire, Va.; Shipman, Ind.

Committee on Obstetrics.—Drs. Wellford, Va.; Peebles, do.; N. Young, D. C.; Z. B. Adams, Mass.; C. R. Gilman, N. Y.; J. A. Eve, Ga.; Rouse, Ill.

Committee on Med. Literature.—Drs. J. P. Harrison, Ohio; Breese, do.; Edwards, Ill.; Latta, Ind.; Holmes, Mass.; Stewart, Md.; Thomas, D. C.

Committee on Med. Education.—Drs. F. C. Stewart, N. Y.; John Watson, do.; J. M. Smith, do.; A. L. Pierson, Mass.; Pennington, N. J.; Gaillard, S. C.; Meeker, Ind.

Committee on Publications.—Drs. I. Hays, Penn.; Stillé, do.; Condie, do.; Bowditch, Mass.; Dunbar, Md.; Barker, Conn.; Jump, Del.

The committee also recommended the city of Boston for the next meeting of the association. The report was accepted, and the nominations confirmed.

Dr. Wellford presented and read a report from the standing committee on Medical Education, accompanied with a series of resolutions, which were amended and adopted as follows:—

1. *Resolved*, That this association considers defective and erroneous every system of medical instruction, which does not rest on the basis of practical demonstration, and clinical teaching, and that it is therefore the duty of the medical schools to resort to every honorable means to obtain access for their students to the wards of a well-regulated hospital.

2. *Resolved*, Therefore, that this association earnestly and respectfully appeal to the trustees of Hospitals to open their wards for the purposes of clinical instruction, satisfied that they will thereby more efficiently aid the cause of humanity, and more perfectly accomplish the benevolent intentions of the founders of the charity.

3. *Resolved*, That the practice of appointing physicians and surgeons to the charge of an hospital on political, or other grounds than those of professional and moral worth, is inconsistent with the welfare of its inmates, and of consequence, inhumane and unjust, subversive of the objects of its founders, and incompatible with a conscientious appreciation of the high responsibilities devolved on the appointing power.

4. *Resolved*, That this committee reiterate, and strongly recommend to the association, a practical observance of the resolutions appended to the report of the committees on preliminary education, and on the requisites for graduation, submitted to the medical convention, which assembled in Philadelphia, in May, 1847.

5. *Resolved*, That the faculties of the different schools be requested and advised to institute daily or weekly examinations, recapitulatory of the previous lecture or lectures, and take such

measures as may enable them to ascertain the regular attendance of the students upon the lectures up to the close of the term.

6. *Resolved*, That this association recommend to the faculty of each medical school to conduct the final examination of candidates for diploma, in presence of some official person or persons, properly qualified to recognize the attainments of the candidate, but who has no pecuniary interest in the institution, or in the number of its pupils.

7. *Resolved*, That it be also recommended, that, in view of the usual inaugural Thesis, or in addition thereto, each candidate for the diploma, be required to present to the faculty, at or before the time of final examination, a report drawn up by himself, and from his personal observation, of not fewer than *five* cases of disease, and upon which he shall be duly examined.

8. *Resolved*, That the faculty of each medical school be requested annually, and as early as possible, to furnish the chairman of the committee on education with a statement of the number of pupils and of graduates in their respective schools, together with such other information as may expedite the labors of the committee, and enable it to discharge the duties assigned by the constitution under which it acts.

Dr. J. M. Smith, chairman of the standing committee on Practical Medicine, gave a short sketch of his report, and on motion he was requested to transmit a copy of the report to the committee on publication.

Dr. Hays asked permission to inquire whether it was the sense of the association in referring the minutes, reports of the standing committees with the accompanying documents and other papers, to the committee on publications, that these should be published entire, or that the committee should have discretionary powers?—when on motion it was resolved, that discretionary powers be vested in the committee.

Thursday Afternoon, May 4.

Dr. Usher Parsons, from the select committee on the adulteration of drugs, presented the draft of memorial to Congress, which was ordered to be signed by the officers of the association, and sent to Dr. Edwards, chairman of the committee appointed by Congress on this subject.

On motion of Dr. J. L. Atlee, a resolution was adopted, earnestly recommending to the physicians of those states in which State Medical Societies do not exist, to take measures to organize State Societies before the next meeting of the American Medical Association.

The committee to whom was referred the communication of the Medical Department of the National Institute, on the subject of hygiene, reported, recommending the appointment of a committee on hygiene, to consist of twelve members, to be appointed by the

President, with power to fill vacancies. The following constitute this committee:—Drs. James Wynn, Baltimore; Charles P. Gage, Concord, N. H.; J. M. Thomas, Washington, D. C.; Isaac Parrish, Philad.; P. C. Gaillard, Charleston; L. P. Yandell, Louisville; J. P. Harrison, Cincinnati; A. Smith, Peterboro', N. H.; J. Curtis, Louisville; E. H. Barton, N. O.; J. H. Griscom, N. Y.; Turner, N. O.

The report of the committee on indigenous botany, was presented and referred to the committee on publication, and the documents which accompanied it, were referred back to the committee, with a request that it would continue its researches.

Friday Morning, May 5.

The Association met at 9½ o'clock. On motion of Dr. J. C. Warren, the following resolution was adopted.

Resolved, That in order to prevent the loss of time to the Association, the committee of arrangement be requested to sit on the day before the annual meeting, and that all members who arrive on that day be desired to present their credentials without delay.

On motion of Dr. G. L. Corbin, a committee of twelve was ordered to represent the Association at the meeting of the British Association, and of the Prov. Medical and Surgical Association, and the following were appointed: Dr. George B. Wood, of Philadelphia; Jacob Bigelow, of Boston; and H. H. McGuire, of Winchester, Va.

On motion of Dr. Bowditch, the committee on hygiene were requested to investigate the effects of confinement in prisons and penitentiaries, and of discipline in general, in these institutions, on the health of the inmates, and report to the meeting of the Association.

On motion of Professor Jackson, the committee on hygiene were requested to direct their attention to the following subjects:

1. What is the influence likely to be produced by the extensive introduction of tea and coffee into the diet of persons under the age of puberty?

2. What is the influence of the substitution of the luxuries of tea and coffee as food, upon the health of the laborious classes?

Dr. Gordon Buck presented, with a drawing, a memoir, entitled "a new feature in the anatomical structure of the genito-urinary organs," which was referred to the committee on publication.

On motion of Dr. Gulick, the members of the Association were requested to transmit to the chairman of the appropriate standing committees, the histories of any important cases which they may meet with in practice.

On motion of Dr. R. H. Thomas, the delegates from medical societies, universities, colleges, &c., were requested to suggest to their several constituencies, the propriety of making an annual contribution towards the funds of this Association, in proportion to the number of copies of the proceedings desired by them.

On motion of Dr. Upshur, the committee on publication were desired to append to the proceedings of the Association each year, a catalogue of its officers and permanent members.

Dr. Stillé presented a circular from the Philadelphia College of Pharm., with a resolution and memorial to Congress annexed, relative to the introduction and sale of spurious and sophisticated drugs, which were referred to the committee on publication.

Various proposals for amending the constitution were offered, and, as required, laid on the table for consideration next year.

On motion of Dr. Stillé, it was unanimously resolved, that the thanks of the Association are hereby tendered to its committee of arrangements, and to the committee of reception of the delegates from Baltimore, for their constant and efficient exertions to provide for the comfort and enjoyment of this body, to the Medical Faculty of the University or Maryland, to the Faculty of Washington Medical College, and to the members of the medical profession in this city, for their warm and courteous welcome, and hospitable entertainment, which have strengthened the bonds of personal friendship and professional brotherhood, between them and the delegates from other parts of the United States.

On motion of Dr. Baxley, the thanks of the Association were presented to the Hon. J. G. Davis, Mayor of the city of Baltimore, for facilities placed at the disposal of the committee of arrangements for promoting the comfort and convenience of the Association.

On motion of Dr. Biddle, the thanks of the Association were unanimously tendered to the President for the ability, courtesy, and impartiality with which he had discharged the duties of his chair.

A vote of thanks to the remaining officers was also passed, and the Association then adjourned *sine die.—Medical News.*

Colica Pictonum, by James H. Johnson, M. D., *one of the Physicians and Surgeons of the "St. Louis Hotel for Invalids."*

The pathology and treatment of Colica Pictonum, has for many years invited the attention and excited the minds of medical men. Its diagnostic similarity to other varieties of enteretic inflammation, and spasmodic intestinal irritation, have served to mislead the profession, from what I conceive to be the true cause of the disease, and consequently has indirectly produced many errors in practice.

This article is not written with a view to explain all the physiological derangements, or abnormal appearances of the intestinal tube, but with a design to recommend a system of practice, which

has proved generally successful in my hands, for a number of years, in the mining regions of northern Illinois, Wisconsin, and Iowa.

The following remarks are presented to the profession with some confidence, as the theory is based upon clinical observations, and post mortem examinations. I do not wish to assume, or claim any principle as new in Pathology, but to only insist upon the active indications of cure. Colica Pictonum. What is it? Truly a question more readily asked than answered. Professor Wood, in his late and valuable work on the practice of physic, says it "*produces the most exquisite pain.*" I do not know how exquisite a luxury pain may produce, but one thing I am convinced of, that the smelter's, or miner's cholic, is any thing but an exquisite disease to treat or counteract.

It is useless for me to enter into the general symtomatology of the disease, as every medical man is presumed to understand its peculiar and various phases.

The disease depends upon spasmodication of the smaller intestines; the jejunum and illium, and frequently extends to the larger portion of the canal as far as the sigmoid fluxure of the colon. I have seen gangrenous errosions, which had been treated by clever men in the profession, as cases of intussusceptio, which erosions can only be accounted for upon the principle, that a compression upon the spinal marrow produces a paralysis of the peristaltic action of the intestinal canal in consequence of the sensorial fluid from some of the vertebral nerves being obstructed in its course. Hence a change of circulation followed by gangrene. I would invite the attention of the practitioner, to the peculiar expression, and langour of the countenance of the patient. The warm chest, yet, cold extremities, the glassy eye, milk furred, yet dry-pointed tongue, which, in connection with the contraction of the abdominal muscles, the palsied and drooping hand and contracted fingers, and faint efforts at vomiting, are the best pathognomonic symptoms of the disease.

In reference to the exciting cause, I will speak from observation, discarding many of the opinions entertained by distinguished gentlemen of the profession. Among the smelters in the mining regions mentioned, the disease is not from an Arcinite (as has been supposed,) which is so minutely divided as to impregnate the atmosphere in the neighborhood of the furnaces. The effluvium, always laying the foundation for the disease. I will also, affirm that lead, or preparations of lead, in the form of carbonate, frequently produces paralysis, general neuralgic symptoms, and in one case to my knowledge, Amaurosis, with all the concomitant symptoms, depending upon derangement of the cerebro-spinal axis, and that particular portion of the brain, the thalami nervorum opticorum, from which the optic nerve originates. This

case was owing to the use of the "cosmetics of the shops," which is a fine preparation of the carbonate of lead.

I will here assert, that the remote cause of Colica Pictonum, and Rhacihialgia, in a majority of cases, appears to be lead introduced into the system, through the stomach, the lungs, or the skin. Hence, the disease is most frequently found in the neighborhood of the smelter's furnace, and the probability is, that the disease is more apt to occur from the fumes of the furnace, taken into the lungs, than from endermic or stomachic absorption. In the vicinity of the furnaces at Galena, animals, such as horses, oxen, pigs, and even poultry, are subject to the disease. The operative miners and citizens, generally, are under the belief that the exciting cause depends upon the water drank from the streams running below the wash-dams, &c. This is a popular error—pure water does not act upon the sulphuret of lead, consequently it is harmless. But lead is easily disintegrated and reduced to an oxyde, in the process of smelting, and exists in the atmosphere; thus, we may readily conceive why man and beast are alike subject to the same disorder. Spring or river water is incapable of decomposing the sulphuret of lead in sufficient abundance to form either an oxyde or any of the salts that would prove injurious to health.

Another error exists, not only in the minds of the people, but frequently with the practitioner, "that fatty, or oily food is a preventive and cure of the disease,"—as a profylactic, it may be of service, but as remedial agents, none of the oleagenous preparations can be depended upon.

It is true, these agents may be indirectly serviceable in ordinary cases, but the direct indications of cure are more active. My practice is laid on the firm and solid foundation of experience and observation—an experience of several years—with every opportunity of close investigation, so far as regards the pathology of the disease, and the beneficial results derived from the following treatment:

In the first place, counteract by all possible means the intestinal spasm—this is best done by large doses of proto. chl. hyd. and opium, say from 30 to 50 grs. of the former combined with from 2 to 5 grs. of the latter, to be repeated at least once in three hours. In some cases opium may be given much oftener, as no idiosyncrasy ever occurs in cases of colica pictonum. In two hours after the last dose of calomel and opium, give from 2 to 4oz. of oil ricini combined with from 3 to 5 gtt. of oil tiglii. Generally in a few minutes, a copious and free evacination will take place; if not, then commence injections, not a pint, or a quart, nor a gallon, but enough to distend the bowels. It sometimes may require a large quantity of fluid—but continue, the object is, or should be distention—nature then will perform her function.

Many eminent practitioners prescribe injections for the purpose of softening the intestinal fœcal matter, and for increasing the peristallic motion of the bowels. The true principle in colica pictonum is to *distend*, and consequently to remove the intestinal spasm.

In a mild degree, and under the best therapeutic plan, the disease can seldom be removed under four or five days, but if it be neglected, or mal-treated, it may continue for weeks, months, or even years, and then will terminate either in palsy of the upper extremities, depending as before remarked upon derangement of the cerebro spinal axis, partial, or complete amaurosis, deafness, delirium, or epileptic fits, and thus continue until death closes the eyes of the sufferer.

After the primary practice recommended, as a neutralizing agent, I would mention the use of the sulphurated hydrogen gas. I have used it in many cases with decided advantage, and in fact, believe it to be the only remedy worthy the attention of the practitioner, in such forms of diseased action, where the patient is not at once restored to comparative health, subsequent to the acute attack passing off.

It should be used in the form of a lemonade, the patient drinking from three to five common sized tumblers full every day. I am indebted to Dr. Henry King, a practical and scientific chemist of this city, for the following formula, which he considers the most easy and convenient method of preparing, as all the materials are within the reach of every physician, either in town or country.

Prepare *sulphuret of iron* by rubbing a stick of sulphur on a hot bar of iron, and collect the melted materials, or by mixing flour of sulphur and iron filings, in the proportions of sixteen ounces of the latter with ten and a half of the former, and fusing them together in an earthen crucible. This should be done by putting the mixed materials into the crucible in small portions at a time, and allowing that which has been thrown in to become red hot before another portion is added.

Add diluted sulphuric acid with about four times its volume of water, and allow it to cool. Place a small quantity of the sulphuret in a vial or bottle, and pour upon it the diluted acid, close the vial or bottle with a cork perforated with a small glass tube bent into the form of a syphon. When the gas begins to be disengaged, insert the free end of the glass tube into a vessel of water, which will soon become saturated with the gas. If it be desirable to keep the water for some time, this operation should be performed in four or eight ounce vials, which should be subsequently carefully corked and inverted.

Sulphureted hydrogene water may also be made by placing the sulphuret of iron and diluted acid in a large bottle, and adding

water until the whole is largely diluted. But in this case, a portion of the salt formed (sulphate of the prot-oxide of iron,) will be dissolved in the fluid.

The diluted sulphuric acid is a valuable remedy in cases where the sulphurated hydrogen cannot be made or procured. Give it in large doses, repeated several times a day.—*St. Louis Medical and Surgical Journal.*

Remarks on Chronic Diarrhœa and Dysentery. By THOMPSON McGOWN, M. D., of Hillsboro, Miss.

It is at all times important to know how to head these diseases successfully, as well as all others, but has been rendered more so for some time past, and will probably be so, for some time to come, in consequence of the frequency of diarrhœa among our soldiers in Mexico; many of whom are so much prostrated by it that they are discharged from the service and sent home, where many of them under proper treatment recover; while others who are improperly treated, succumb under its influence, or it and the medicine combined. It has been painful to me to observe the blind and obstinate treatment adopted in many cases, and the consequent want of success; and it appears that some who stand high in the profession, are not only lending their influence to this improper treatment, (as I conceive it to be) but are insisting upon its adoption and giving it publicity. This is admissible, however, as they believe they adopt the proper means, and their publicity may be of service to the profession; but here I join issue with them. They are no doubt honest in their convictions, but it seems to me that the frequent fatal results ought to cause men of such talents to pause and reflect, even if there were no respectable authors who are opposed to such treatment. I allude to the empirical treatment of diarrhœa with calomel. Whether such persons administer it for its alterant effect, or its influence on the portal circle, with the false and delusive theory of Dr. Cooke, in their imaginations, I am not prepared to say, I know many exhibit it with this latter view. When will the great valley of the Mississippi cease to feel the baneful influence of this theory, One who is familiar with the satire of Dr. Deavenport, might infer that many physicians have read the following, and taken it in its literal sense:

> "O giant minded Cooke! whose *cava-pills*,
> Have borne thy name, aloft, o'er vales and hills;
> Whose genius glows, on thy induction page,
> (That proudest fabric reared in any age.")

I feel convinced that it would be much better to leave many of these chronic affections of the bowels, to the *vis medicatix naturæ*, than to persevere in this blind administration of mercurials.

When diarrhœa is brought on by some irritating ingesta, the indications are plain:—give a mild laxative to remove the offending matter, if the bowels have not already relieved themselves, and then administer an opiate—such as camph. tinc. opii. But it is the chronic form of this affection to which I now particularly allude;—and when it is remembered that Dr. Stokes* (a man of considerable reputation and acknowledged ability,) does not even once speak of calomel or any other mercurial preparation in the treatment of chronic diarrhœa, it appears surprising that men who stand high in the profession, rely almost exclusively upon them. Dr. Bell speaks of blue pill being good in some cases, sometimes alone, at others mixed with opium. Prof. Dunglison, after laying down the treatment of this affection, and it proves to be obstinate and not yield to the same, merely says "warm clothing, friction over the abdomen, occasional blisters, and slightly affecting the mouth by mercurials, have exerted a beneficial agency." In speaking of opiates he says: "They are, indeed, valuable agents in those affections, and in all the morbid conditions of the mucous membrane that are accompanied with discharges. In all cases, small doses of opium, or morphia, or its salts, are of themselves sufficient, with properly regulated diet."

I will merely mention in a few words, that I have never found any cause to abandon the opiate and astringent treatment, or these combined with tonics, and under some circumstances, one or two grains of calomel, or some laxative, combined with tinc. opii. Dr. Bell says, "the chief indication, after all, is that for allaying irritation, rather than for evacuating irritating matters." The mercurial treatment so empirically and obstinately adopted by many, often adds to the already inflamed condition of the mucous membrane of the alimentary canal. A large dose of calomel is almost sure to increase the inflammation and prostration, and often hurries the unfortunate sufferer to the "bourne from whence no traveller returns." The same objections obtain in the too common and indiscriminate administration of calomel in Dysentery. Dr. Bell says; "viewed anatomically, there is no essential difference," in these two diseases. He further remarks; "you will see that, whilst I deprecate the empirical practice of giving mercury in dysentery, with a view to its sialagogue operation, I am not backward in using it with other views and to produce other effects. These are first, in conjunction with laxatives, to unload the bowels of scybalæ when they are present, or of mucous and remains of ingesta, which are so many causes of irritation."

Need I adduce the names of practical men, who have recorded their experience against the curative value of mercurial ptyalism in dysentery? Mr. Twining says; "I have met with a vast number of cases in which it had been used so as to produce salivation,

* Vide Bell and Stokes' Practice, 1845.

without curing the dysentery." Dr. Cheyne says, "in many instances, mercurial salivation was unequal to the cure, and in the ulcerated stage, and in cases in which emaciation had taken place, and in cases in which the tongue was florid and glazed, the mercurial treatment was injurious." Mr. Annesly warns us against carrying the remedy so far as to affect the mouth, "for, in that case it generally depresses the powers of life too rapidly." Dr. Bell says, "if calomel fail to answer our expectations in this way, we ought not blindly to persevere in its use, with a view of inducing salivation. On the contrary, we ought to desist from its administration," &c. Prof. Dunglison says, "it is a common remark, that if dysentery proves obstinate, it will yield, provided we can touch the mouth with a mercurial. This is not the result of the author's experience, he has seen many cases in which the effect of mercury has been induced on the system, and, nevertheless, the disease has proceeded on to a fatal termination." He also speaks of a chronic form of diarrhœa, "dependant upon ulcerations of the rectum. They occur chiefly in persons of broken down constitutions, and in such as have taken a great deal of mercury." I might quote other authors, to show the impropriety and damage of the mercurial practice in these affections. But I have already pointed to a sufficient number, to cause those who rely so much on calomel, to pause and reflect what injury they are often doing by persevering in its use. I might enter into details, and increase the frightfulness of the picture, but wish to be brief. When the mucous membrane is inflamed or ulcerated, as it is in these diseases, the administration of calomel, especially in large doses, adds to the already morbid condition,—increases the pathological condition, depresses the vital powers, and hence, tends to render the situation of the patient worse. According to my experience, the most rational treatment is the soothing—opiates, astringents, demulcents, mild aperients, when necessary, &c., husbanding the vital powers, with a properly regulated diet —well boiled *rice*, gruel, chipped dried venison hams, and such light and nourishing articles of diet as agree with the patient.

It is so common for those who have chronic diarrhœa to die, when under the care of those who rely almost solely on calomel, that it has been painful to me to look over the reports of Prof. Harrison, respecting the treatment in the hospital at Cincinnati, followed by so many fatal results. He says; "during the whole of 1846, fifty-six cases of diarrhœa were brought into the hospital, and of these twenty-five died." Nearly half. An allowance should be made, however, as he says some of these twenty-five were brought into the hospital almost in articulo mortis. It would seem from his language that very few were brought in, in this condition. It appears that he relies mostly on mercurials, adding other adjuvantia. Balsam copaiva it appears was used in some

cases; but, Prof. H. says it "did not in our hands answer the expectation which we once entertained of its efficacy." Are not such results as these, calculated to add to the opprobrium of an elevated and honorable profession? If we were to be so unsuccessful in this region of country, we would soon cease to be employed. As much confidence as I have in calomel, in cases where it is proper to give it, if I had chronic diarrhœa, I would not place myself, (nor could I advise those who might consult me,) under the care of those M. D's. who rely so much on calomel. I will here remark, that I do not approve of the administration of Dover's powder in chronic diarrhœa, nor in *fevers* in which there is tenderness of the bowels, or a disposition to diarrhœa. The opium that is in them, may allay the irritation for a time, but when its effects have modified or ceased, the sulph. potas. often adds to the existing inflammation. This is also the case with calomel, when freely given, with opium. I have it from good authority, that a practitioner lost 8 cases out of 9, who adopted this latter practice. When diarrhœa is of long standing, we are informed that it is sometimes kept up by an ulcer in the rectum near the verge of the anus, which may be cured by the application of Nitras. Argent. It is said to "occur chiefly in persons of broken down constitutions, and those who have taken a great deal of mercury." That form to which females of certain temperament, or condition of the system, are liable, should also receive the proper treatment—the ferruginous preparations being the main reliance. But my object is not to speak in detail, or extensively on the subject. I wish to call attention to the subject, that it may be investigated. I have hastily thrown together a few ideas, with the hope that they may be of some service to the profession. It is with much deference that I have called in question, views entertained by some who stand high in the profession; but, I hope my desire to see the profession guided by correct principles and consequent success, is sufficient apology.—*Western Lancet.*

A Bill to prevent the importation of adulterated and spurious Drugs and Medicines.

1. *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That, from and after the passage of this act, all drugs, medicines, medicinal preparations, including medicinal essential oils and chemical preparations used wholly or in part as medicine, imported into the United States from abroad, shall, before passing the Custom-house, be examined and appraised, as well in reference to their quality, purity, and fitness for medical purposes as to their value and identity specified in the invoice.

Sec. 2. *And be it further enacted*, That all medicinal preparations, whether chemical or otherwise, usually imported, with the name of the manufacturer, shall have the true name of the manufacturer, and of the place where they are prepared, permanently and legibly affixed to each parcel, by stamp, label or otherwise; and all medicinal preparations imported without such names affixed, as aforesaid, shall be adjudged to be forfeited.

Sec. 3. *And be it further enacted*, That if, on examination, any drugs, medicines, medicinal preparations, whether chemical or otherwise, including medicinal essential oils, are found, in the opinion of the examiner, to be so far adulterated, or in any manner deteriorated as to render them inferior in strength and purity to the standard established by the United States, Edinburgh, London, French, and German pharmacopœias and dispensatories, and thereby improper, unsafe, or dangerous to be used for medicinal purposes, a return to that effect shall be made upon the invoice, and the articles so noted shall not pass the Custom-house, unless, on a re-examination of a strictly analytical character, called for by the owner or consignee, the return of the examiner shall be found erroneous; and it shall be declared, as the result of such analysis, that the said articles may properly, safely, and without danger, be used for medicinal purposes.

Sec. 4. *And be it further enacted*, That the owner or consignee shall, at all times, when dissatisfied with the examiner's return, have the privilege of calling, at his own expense, for a re-examination; and on depositing with the collector such sum as the latter may deem sufficient to defray such expense, it shall be the duty of that officer to procure some competent analytical chemist, possessing the confidence of the medical profession, as well as of the colleges of medicine and pharmacy, if any such institutions exist in the State in which the collection district is situated, a careful analysis of the articles included in said return, and a report upon the same under oath; and in case the report, which shall be final, shall declare the return of the examiner to be erroneous, and the said articles to be of the requisite strength and purity, according to the standards referred to in the next preceding section of this act, the entire invoice shall be passed, without reservation, on payment of the customary duties; but, in case the examiner's return shall be sustained by the analysis and report, the said articles shall remain in charge of the collector, and the owner or consignee, on payment of the charges of storage and other expenses necessarily incurred by the United States, and on giving a bond with sureties satisfactory to the collector, to land said articles out of the limits of the United States, shall have the privilege of re-exporting them at any time within the period of six months after the report of the analysis. But, if the said articles shall not be sent out of the United States within the time specified, it shall be